

The Health Status of Davidson County's Fourteen Planning Districts 1990 - 1996

**A Chart Book Depicting the Planning District Rates
for Thirty-three Health Status Indicators**

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Introduction

Improving health status within Davidson County requires the individual efforts of all citizens and the collective actions of leaders and groups who are informed about the health of those who live in their local communities. The Metropolitan Health Department is pleased to present the first comprehensive compilation of health status information in Davidson County at the local community level.

“Local community” in this report is defined as the geographical subdivisions of the county adopted many years ago by the Metropolitan Planning Commission for land use planning. There are fourteen such subareas and they are referred to as planning districts within this report. A laminated map of Davidson County is provided in the back of the report depicting the fourteen planning districts.

The report begins with a single page profile on each planning district that summarizes the geographic, demographic and socio-economic characteristics of the district and presents selected highlights of the district's health status data. Each profile includes a map of the planning district with symbols designating the location of hospitals and walk-in medical clinics if they exist. These profiles are followed with a series of charts depicting health status information for each planning district. The information consists of demographic/socio-economic characteristics, individual behaviors or conditions related to health (health risk factors), natality (birth), premature mortality (death), and communicable disease.

The information is presented in a series of horizontal bar charts with the values for each planning district organized in descending order. Each chart also provides the value for the county as a whole. Thus, for each health status indicator, the reader can see how each planning district ranks in relationship to the others and to the entire county.

The report concludes with a brief narrative summary of the rankings for each indicator and for each planning district. This section includes a table with the rank of each planning district for each of the thirty-three health status indicators. It also presents the average rank of each planning district on each category of indicators and the overall ranking for all thirty-three indicators.

Data Sources and Definitions

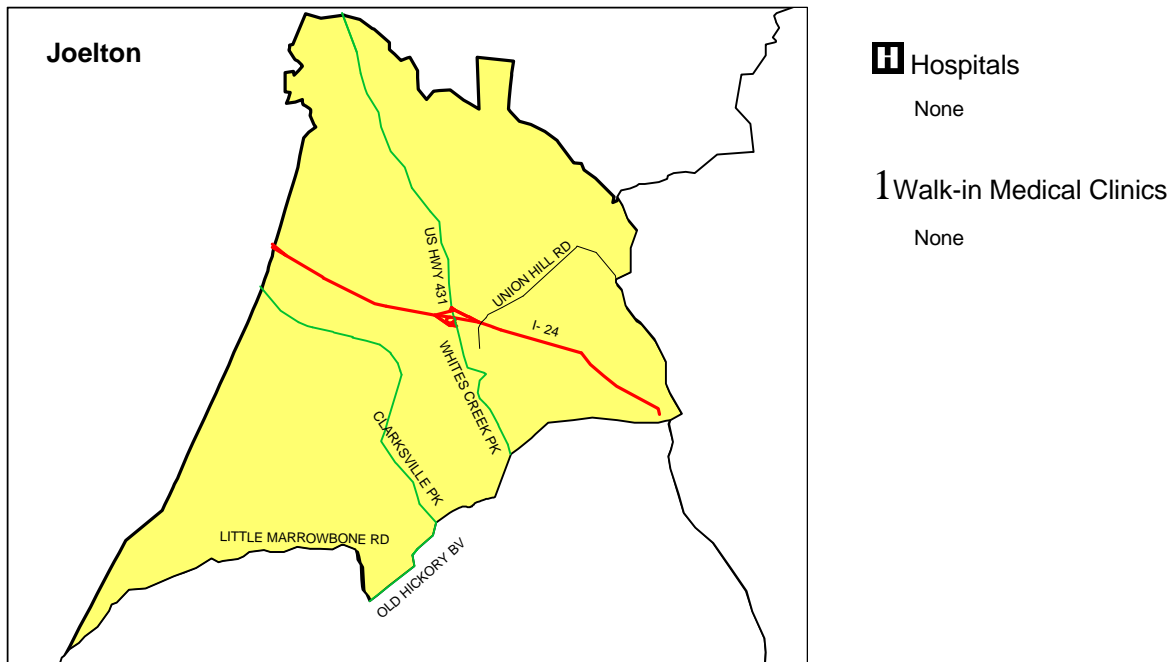
The data on births and deaths in Davidson County were compiled from birth and death certificates by the Tennessee Department of Health and provided in data files to the Metropolitan Health Department. The Tennessee Department of Health also provided data on sexually transmitted diseases and communicable diseases. These records were then assigned a census tract and planning district according to the address and zip code through a process called geocoding. Due to inaccurate addresses collected at the time the data were originally obtained, not all records can be assigned to a planning district. The percent unassigned of the databases used in this report ranges from 0.5% to 5.0%.

The data on health risk factors came from the 1996 Nashville Health Risk Behavior Survey conducted for Partners for a Healthy Nashville by Solution Point, Inc. between June and October 1996. The survey questionnaire was based on the Center for Disease Control and Prevention's 1996 fixed core Behavior Risk Factor Questionnaire, the 1996 exercise module, the Functional Health Status SF-12, and supplemented with additional health insurance and care questions. Charts in Section Four of the report show percentage responses from specific planning districts for selected risk factor questions. The countywide percentage presented is an average weighted to reflect the planning district population sizes.

The information about the geographic characteristics of the planning districts came from the fourteen subarea plans published by the Metropolitan Planning Commission of Nashville and Davidson County.

Section Five of the report presents information on premature mortality overall and by seven leading causes. Premature mortality refers to deaths which occur before age 65 and is measured using Years of Potential Life Lost (YPLL). YPLL is calculated by subtracting the age at death from 65. Thus the death of a person at 40 years of age contributes 25 YPLL to the total for the county or planning district. The YPLL rate is the total potential life lost per 100,000 persons under age 65 in the area.

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Joelton area is located in the northwestern corner of the county and contains about eight percent of the county's land area. The area has historically been a rural to semi-rural area. It is geographically isolated from the rest of the county by the steep hills of the Highland Rim Escarpment.

The population was estimated to be 5,450 in 1996. It is the second smallest district in population of the fourteen within the county. Only the Downtown area has fewer people. Its population is 99% white in contrast to 73% for the county. Its age distribution is similar to the county as a whole.

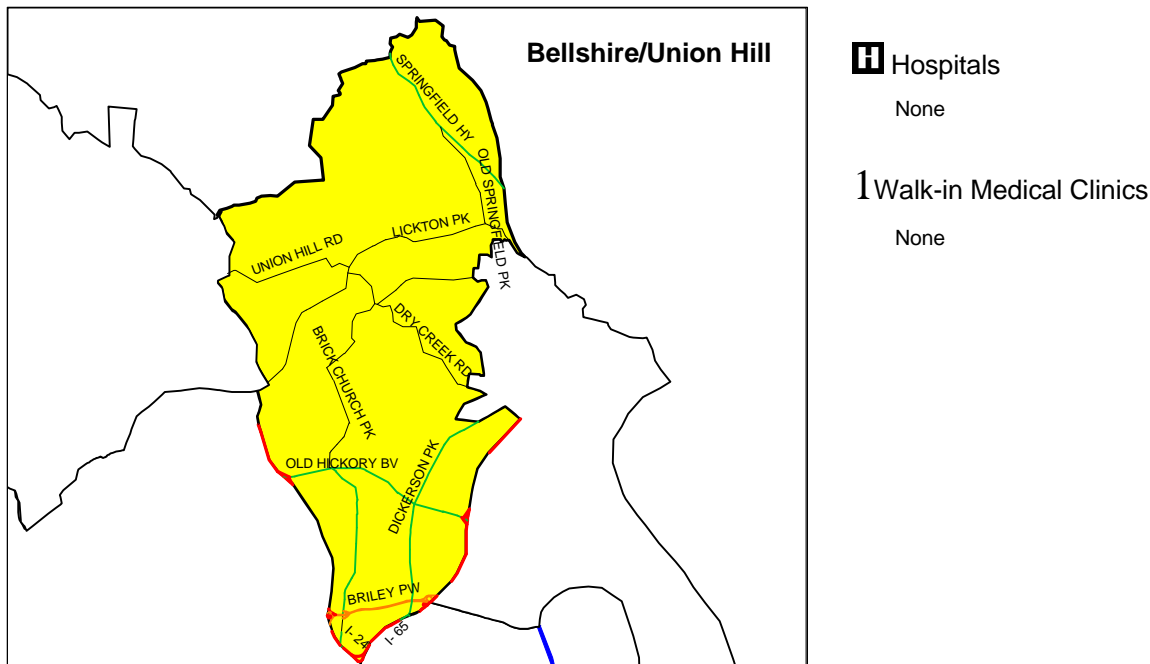
Economically, persons living in the Joelton area were fairing somewhat better than the county as a whole in 1990. The percent poor was 8% (county, 13%); the percent public assistance households was 4% (county, 8%); and median household income was \$33,878 (county, \$28,377). The area also had a smaller percent of households with children headed by a single female (11% compared to the county 27%). However, its percent of adults over age 25 without a high school diploma (35%) was higher than the county (24%).

Highlights of the health status data

Because of its small population, the Joelton area has too few events for a rate to be calculated on many of the health indicators.

- In 1996, 91% of Joelton mothers giving birth entered care in the first trimester (county, 89%).
- In 1996, the average prenatal care visits was 12.3 which was the highest average of all fourteen areas. (The Donelson/Hermitage average was also 12.3.)
- The premature mortality rate for Joelton (4,330 per 100,000) was third best of the fourteen districts and one-third better than the rate for the county as a whole.
- Joelton's rates on health risk factors were worse than the county average except on smoking and drinking. On these two factors, Joelton ranked in the top three of the fourteen districts.

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Bellshire/Union Hill area is located in the northern section of the county, and contains about eight percent of the county's land area. The area is mostly residential, partly rural and partly urban. Most of the development is concentrated in the southern portion of the district where the land is relatively level.

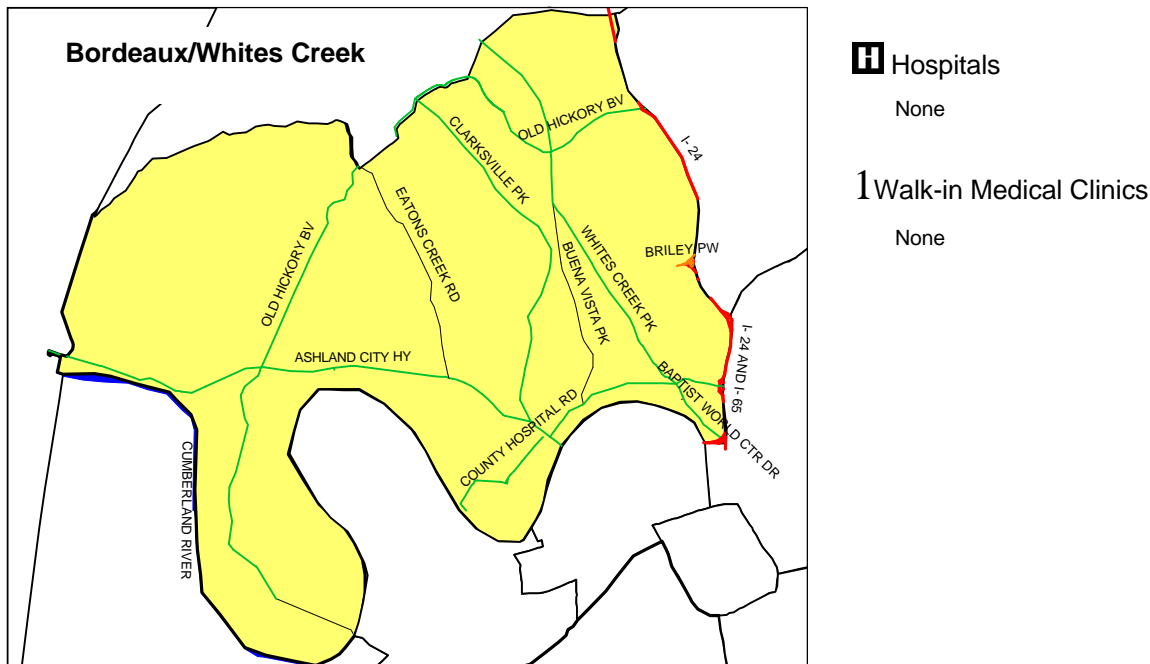
The population was estimated to be about 17,000 in 1996. It is the third smallest district in population of the fourteen within the county. More than half (60%) of the population is white, compared to 73% for Davidson County. Thirty-nine percent of the population is black compared to 23% for the county. Its age distribution is similar to the county as a whole.

As for socio-economic characteristics, 13% of its population had family incomes below poverty in 1990, 7% of the households received public assistance, 27% of the households with children were headed by a female, and 26% of adults over age 25 had no high school diploma. These numbers were very similar to the county as a whole. The median household income was \$29,957, which was 6% higher than the county median household income.

Highlights of the health status data

- The teen (age 10 – 19) birth rate in 1996 was 12% lower than the rate for the county as a whole.
- The rates for indicators related to births and health of newborns were slightly better or the same as the county as a whole except for very low birthweight infants where the percent in Bellshire/Union Hill was 16% higher than the county rate.
- The premature mortality rate was 14% better than the county rate and ranks sixth among the fourteen districts.
- Bellshire/Union Hill has the highest percentage of uninsured in the county (16%). Its rates on each of the eight health risk factors were not as good as the county as a whole except on binge drinking.

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Bordeaux/Whites Creek area is located in the northwest section of the county and contains about thirteen percent of the county's land area. The district contains a mixture of highly developed and sparsely populated areas. Most residents live in the area south of Briley Parkway.

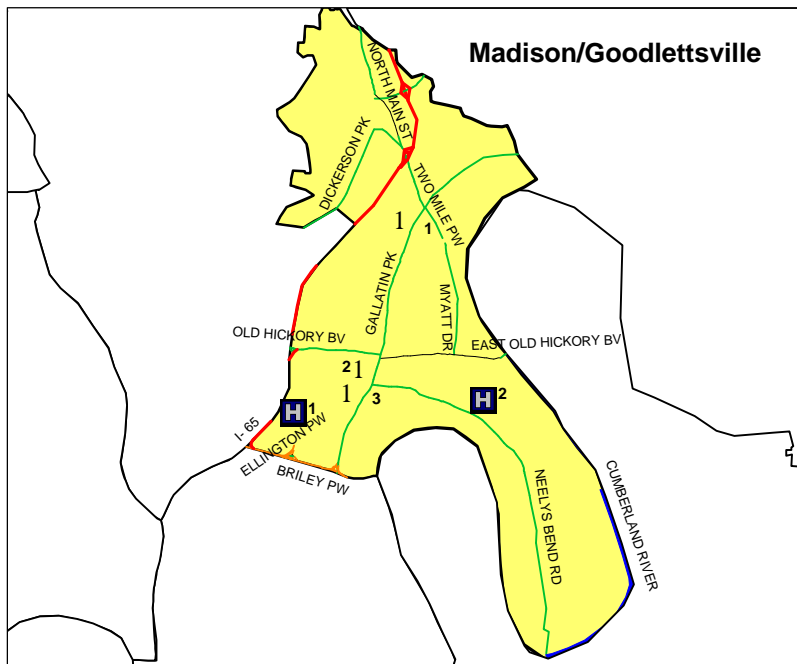
The population was estimated to be 27,194 in 1996, making it the eighth largest district in population. Most (73%) of the population is black; 26% are white. This ratio is almost exactly opposite the racial distribution for the county as a whole. The age distribution is very similar to the county.

The socio-economic characteristics of the Bordeaux/Whites Creek are generally lower than for the county as a whole. In 1990 the poverty percent was the same as the county (13%); the percent of households receiving public assistance was a little higher (10% versus 8%); the percent of households headed by a single female was higher (33% versus 27%); the median household income was lower (\$27,135 versus \$28,377); and 35% had no high school diploma compared to 24% for the county.

Highlights of the health status data

- The adolescent (10 – 17) and teen (10 – 19) birth rates in 1996 were slightly lower for the Bordeaux/Whites Creek area than for the county (19.4 versus 20.0 and 35.6 versus 37.7 respectively).
- On the indicators related to births and the health of newborns, the 1996 rates for Bordeaux/Whites Creek were not as good as for the county as a whole. For example, the rate of low birthweight infants was 11.3% versus 8.6%.
- The average infant mortality rate for 1990 to 1996 was 16.1 for Bordeaux/Whites Creek versus 9.3 for the county. This was the highest rate of all planning districts.
- The premature mortality rate for Bordeaux/Whites Creek was 18% higher than the county rate in 1996 and the rates for specific causes were consistently higher than the county rates.

Section One: Planning District Profiles



H Hospitals

- 1 Nashville Memorial Hospital
- 2 Tennessee Christian Medical Center

1 Walk-in Medical Clinics

- 1 Baptist CentraCare
- 2 Columbia Care Medical Center
- 3 Primary Care Services at Madison

Aspects of the district that will help the reader understand the health data

The Madison/Goodlettsville area is located in the northeastern section of the county and contains slightly more than five percent of the county's land area. The area is almost entirely developed except for the southern portion of Neelys Bend.

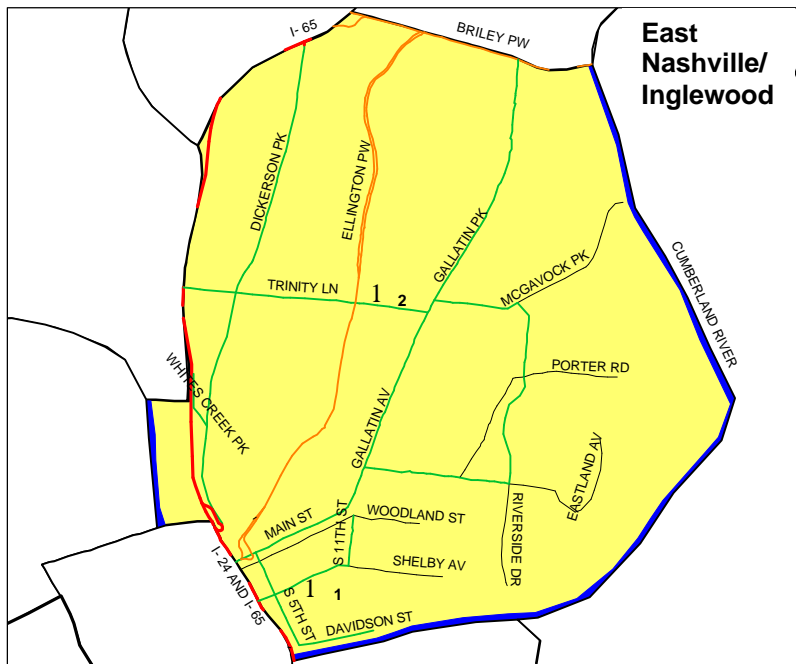
The population was estimated to be almost 40,000 in 1996. It is the seventh largest district in population. Most of the population is white (89%) compared to 73% for the county. Nine percent of the population is black. The age distribution is much the same as the county. However, those aged 65 and above constitute 14% of the population compared to 10% for the county.

Most of the socio-economic characteristics of the area are somewhat better than those for the county as a whole. In 1990, 11% were poor (county, 13%); 5% of households were receiving public assistance (county, 8%), and 21% of households with children were headed by a single female (county, 27%). However, the median household income was lower than the county amount by 5%, and 30% of the adult population had not completed high school compared to 24% for the county as a whole.

Highlights of the health status data

- Adolescent and teen birth rates were lower than the county rates by 12% and 8% respectively.
- The average infant mortality rate for the 1990 to 1996 period was 8.3 per 1,000 live births compared to 9.3 per 1,000 live births for the county.
- The premature mortality rate in 1996 was 26% lower than the county rate. The Madison/Goodlettsville area ranked seventh among the fourteen districts.
- Its premature mortality rate due to suicide was the second highest among the eight districts for which a rate could be calculated. In contrast, the premature mortality rate for stroke was the lowest of the five districts for which a rate could be calculated.

Section One: Planning District Profiles



H Hospitals

None

1 Walk-in Medical Clinics

1 Cayce Medical and Dental Center
2 MHD – East Public Health Center

Aspects of the district that will help the reader understand the health data

The East Nashville/Inglewood area is located northeast of downtown Nashville and represents 4% of Davidson County's land area. The district is predominantly residential in character and contains some of Nashville's oldest neighborhoods.

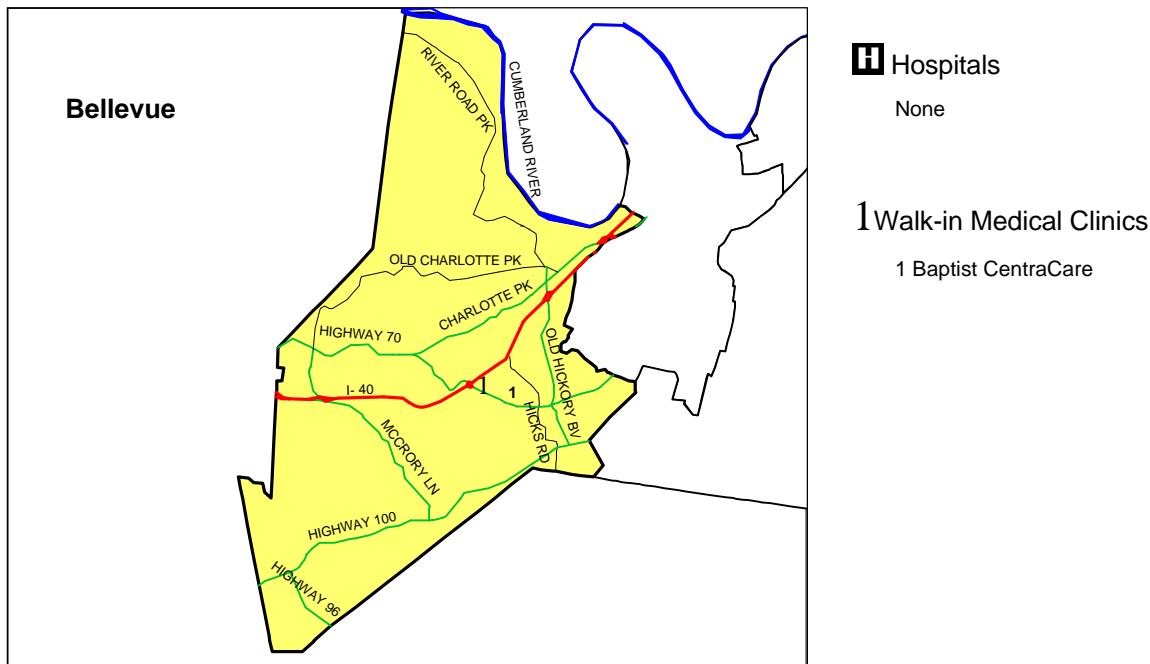
The population was estimated to be 69,063 in 1996 making it the second most populated district within the county. As for race, slightly more than half (54%) were white in 1990 and 44% were black. The age distribution was substantially the same as for the county as a whole.

The socio-economic characteristics were not as good as for the county as a whole. The poverty rate was 23% (county, 13%); 13% of the households were receiving public assistance (county, 8%); 45% of the households with children were headed by a single female (county, 27%); the median household income was \$21,821 (county, \$28,377); and 39% of adults over age 25 had not finished high school (county, 24%).

Highlights of the health status data

- In 1996 the adolescent birth rate was the second highest of the fourteen county districts and the teen birth rate was the highest.
- This area had the third highest average infant mortality rate of the fourteen county districts.
- The premature mortality rate was 11% higher than the countywide rate in 1996.
- East Nashville/Inglewood had the highest premature mortality rate due to unintentional injury and the second highest premature mortality rate due to homicide during the 1990 to 1996 period.
- This area ranked first in the number of gastrointestinal infections among the fourteen districts and third in both new chlamydia and gonorrhea cases during the 1990 to 1996 period.

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Bellevue area is located in the southwest corner of the county and comprises about 13% of the county's land area making it one of the largest of the fourteen districts. Half the land is in residential use and 44% is either vacant or in agricultural use. Much of the land is unused due to steep slopes.

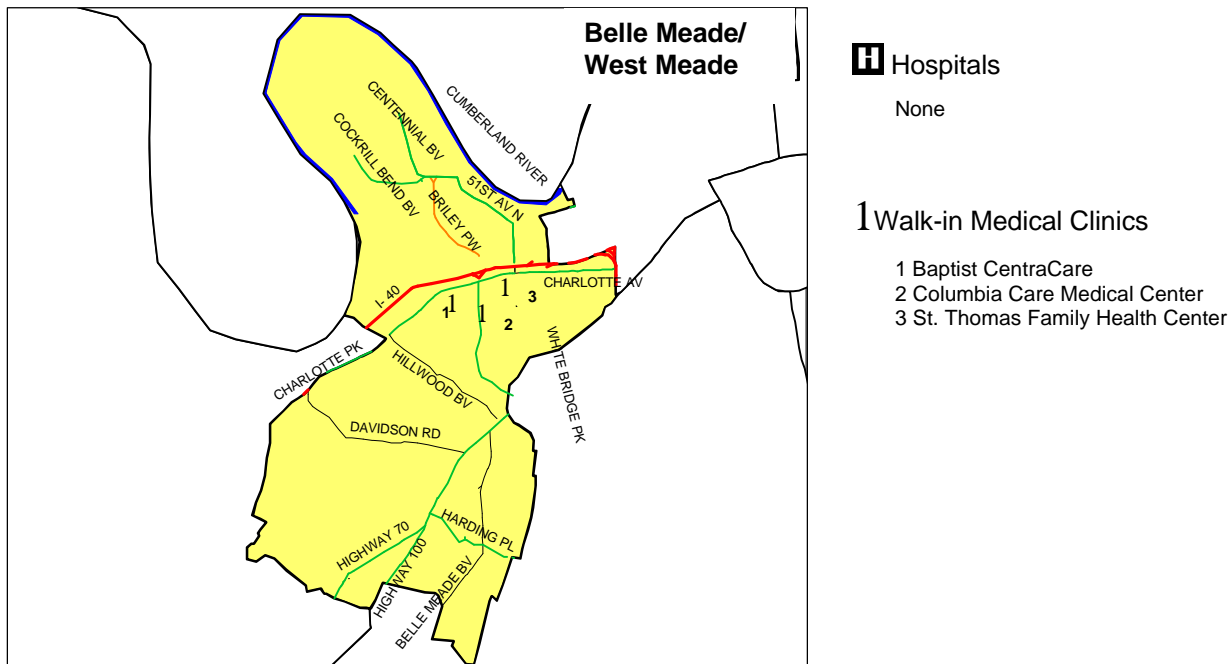
The population was estimated to be almost 27,000 in 1996 making it the fifth smallest of the fourteen districts. Most (96%) of the population is white. Three percent are black. Only the Joelton area has a higher percentage of whites. The age distribution is largely the same as for the county as a whole.

Economically, Bellevue fares much better than the other districts within the county. In 1990 only 5% of the population was poor (county, 13%); 1% of the households received public assistance; and the median household income was the highest of all the districts - \$39,410. Bellevue had the lowest percentage of adults who had not finished high school (12%) and the third lowest percentage of households with children that were headed by a single female (15%).

Highlights of the health status data

- During the 1990s Bellevue had too few adolescent and teen births to calculate a stable rate.
- Bellevue had the best percentage of first trimester entry into prenatal care in 1996 and the lowest percentage of low and very low birthweight infants.
- Bellevue had the lowest premature mortality rate of all fourteen districts in the county.
- Bellevue had the highest percentage (65%) of its residents reporting their health status as good or better.
- Bellevue had the smallest percentage of smokers but was second highest in the percent of its residents who drink alcohol (50%).

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Belle Meade/West Meade area is located in the western section of the county and contains about 5 percent of the county's land area. It is primarily a residential area and has been developed for many years. The Cockrill Bend section of the district includes an airport, state prison, and several industries.

The 1996 population was estimated to be almost 43,000 making it the sixth largest of the fourteen districts. The population is predominantly white (87%). The black population constitutes 10% of the residents. Its age distribution is much like the city as a whole.

The socio-economic characteristics of the area are better than the county as a whole. In 1990 the poverty rate was 9% (county, 13%); 4% of the households received public assistance (county, 8%); 18% of households with children were headed by a single female (county 27%); the median household income (\$36,812) was second only to Bellevue; and 23% of the adults had not finished high school compared to 24% for the county.

Highlights of the health status data

- The adolescent and teen birth rates were lower than the county rates by 19% and 8% respectively.
- The average infant mortality rate for the 1990s (10.4 per 1,000 live births) was 12% higher than the county rate of 9.3 per 1,000 live births.
- The premature mortality rate for 1996 was 21% lower than the county rate and was eighth best of the fourteen districts.
- Almost two-thirds (64%) of the Belle Meade/West Meade residents indicated in a 1996 survey that their health status was good or better. This was second highest of all the fourteen districts.
- The Belle Meade/West Meade residents had the highest percentage of alcohol users (59%) and tied with three other districts in the percent of residents who were intoxicated one or more times in the last 30 days (13%).

Section One: Planning District Profiles



Hospitals

1 Meharry-Hubbard Hospital*

*This hospital closed in 1996 and reopened as Metropolitan Nashville General Hospital in January 1998.

1 Walk-in Medical Clinics

None

Aspects of the district that will help the reader understand the health data

The North Nashville area is located directly north of downtown Nashville and contains only 1.5% of Davidson's County's land area. The area is mostly residential and contains more than a third of the county's public housing units. It also has two universities, a medical school, hospital, and modern office and distribution park.

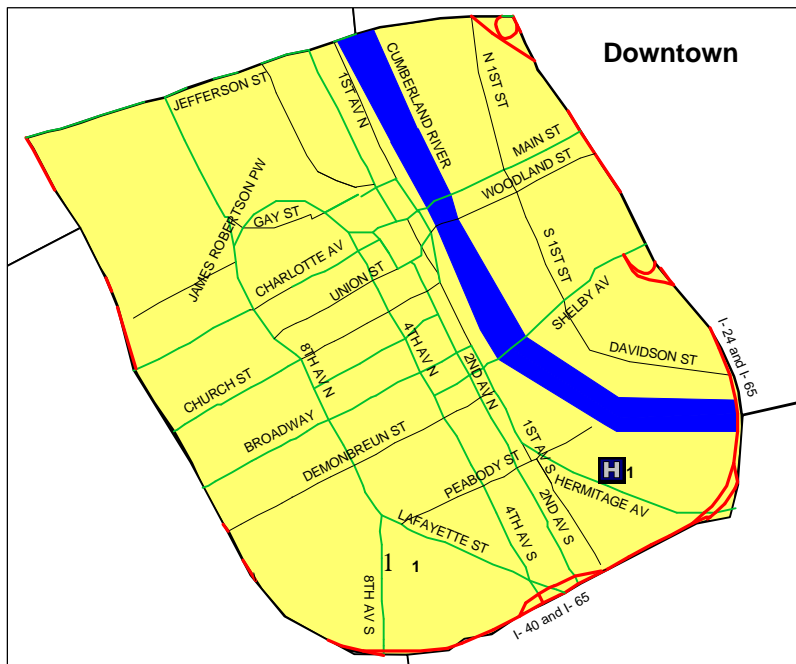
The population of North Nashville was estimated to be 25,455 in 1996 making it the fourth smallest of the fourteen districts. Most of the residents are black (95%); 5% are white. The age distribution is much like that of the county as a whole.

The socio-economic characteristics are much worse than those of the entire county. In 1990, 43% were poor (county, 13%); 21% of households received public assistance (county, 8%); 75% of households with children were headed by a single female (county, 27%); median household income was \$10,610 (about one third the county median income); and half of the adults over age 25 had not completed high school.

Highlights of the health status data

- North Nashville had the highest adolescent birth rate in 1996 and the third highest teen birth rate.
- The infant mortality rate during the 1990s was second only to the Bordeaux/Whites Creek area.
- The premature mortality rate in 1996 was second only to the Downtown area. This area had the highest premature mortality rates due to homicide, heart disease, and stroke.
- Residents of this area had the lowest percentage reporting their health as good or better.
- This area had the highest rate of new chlamydia and syphilis cases and second highest rate of new gonorrhea cases in 1996.

Section One: Planning District Profiles



H Hospitals

1 Metropolitan Nashville General Hospital

*This hospital moved to the site of the closed Meharry-Hubbard Hospital in January 1998.

1 Walk-in Medical Clinics

1 MHD – Downtown Clinic

Aspects of the district that will help the reader understand the health data

The Downtown area is located in the center of the county and is bounded on all sides by interstate highways. It is the smallest of the fourteen districts in land area containing just 0.55% of the county's land. Much of the area is devoted to institutional/public, commercial, industrial, and utility/transportation use. There are some residential areas.

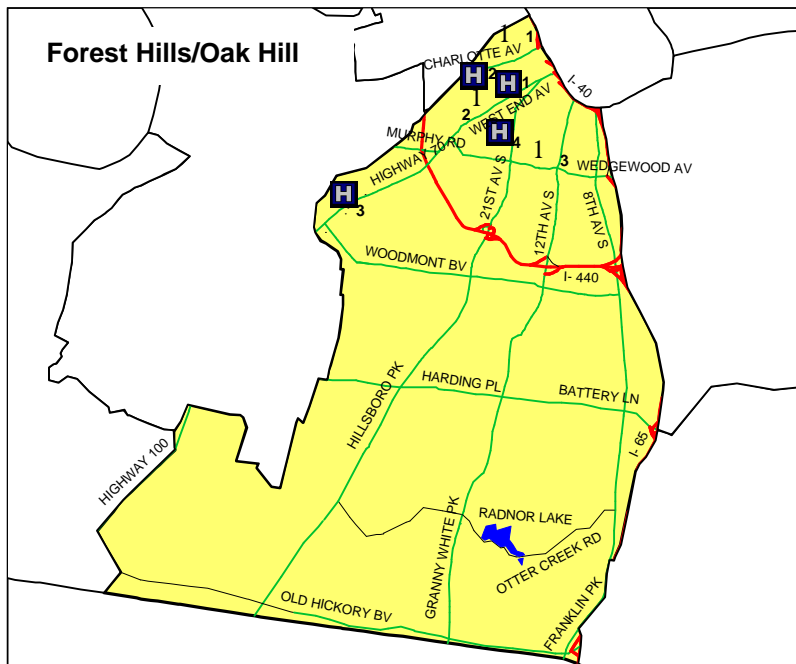
The Downtown population was estimated to be 3,243 in 1996 making it the smallest of all the planning districts. About half the population is white, 47% are black and 2% are of another race. As for age, the population is much older than the other areas of the county. Much of the population is homeless.

Most of the socio-economic characteristics of the Downtown area are poorer than the county as a whole. Thirty-eight percent of the population was poor in 1990 (county, 13%); 8% of households received public assistance which was equal to the county rate; median household income was \$16,549 (58% of the county rate); and 39% of the adults had not completed high school (county, 24%). The Downtown area had the lowest percent households with children headed by a single female.

Highlights of the health status data

- The Downtown area had the lowest percent of expectant mothers entering prenatal care in the first trimester in 1996, 67%.
- This area had the highest percent of very low birthweight infants in 1996, 4.8%.
- This area had the highest percent of premature mortality in 1996.
- Residents of the area had some of the worst health risk factor rates in the county and the percentage reporting their health status as good or better was equal to the lowest in the county.
- The rate of new gonorrhea cases was highest in the Downtown area and the new chlamydia case rate was second highest within the county in 1996.

Section One: Planning District Profiles



H Hospitals

- 1 Baptist Hospital
- 2 Centennial Medical Center
- 3 St. Thomas Hospital
- 4 Vanderbilt University Medical Center

1 Walk-in Medical Clinics

- 1 Matthew Walker Comprehensive Medical Center
- 2 MHD – Lentz Public Health Center
- 3 Waverly Belmont Family Health Center

Aspects of the district that will help the reader understand the health data

The Forest Hills/Oak Hill area is located in the south central section of the county and represents 13% of Davidson County's land area. It is perhaps the most diverse of the fourteen planning districts with a mixture of public housing, historic urban neighborhoods, less populated satellite cities, numerous hospitals and universities and some of the county's most treasured recreational areas.

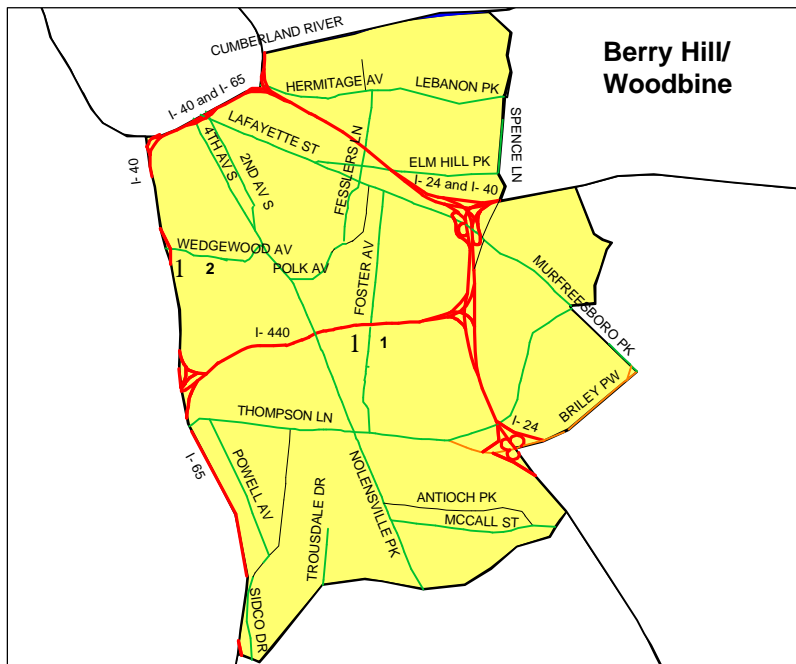
The population was estimated at almost 70,000 in 1996. It has the largest population of all the fourteen planning districts. As for race, 79% of the residents are white and 19% are black, making this area most like the racial distribution of the county as a whole. This area has a smaller proportion of persons under age 15 and a larger proportion age 65 and over than all other areas except Downtown.

The socio-economic characteristics are better than for the county as a whole. For example, 11% were poor in 1990 (county, 13%); 4% of households received public assistance (county, 8%); 24% of households with children were headed by a single female (county, 27%); median household income was \$34,620, 22% higher than the county median; and 12% of the adults had not finished high school (county, 24%).

Highlights of the health status data

- The Forest Hills/Oak Hill area had the lowest adolescent and teen birth rates in the county in 1996.
- The average infant mortality rate for the 1990s was much lower (by 33%) than the county rate and third best among the planning districts.
- The premature mortality rate was second best of all the planning districts and almost half (46%) the county rate.
- Residents of this area generally had health risk factor rates equal to or better than the county average.

Section One: Planning District Profiles



H Hospitals

None

1 Walk-in Medical Clinics

1 MHD – Woodbine Public Health Center
2 Vine Hill Community Clinic

Aspects of the district that will help the reader understand the health data

The Berry Hill/Woodbine area is located to the southeast of downtown Nashville and contains about three percent of the Davidson County land area. The area is a mixture of residential areas, strip commercial, and service areas. The CSX Railroad lines and several interstates dissect the area.

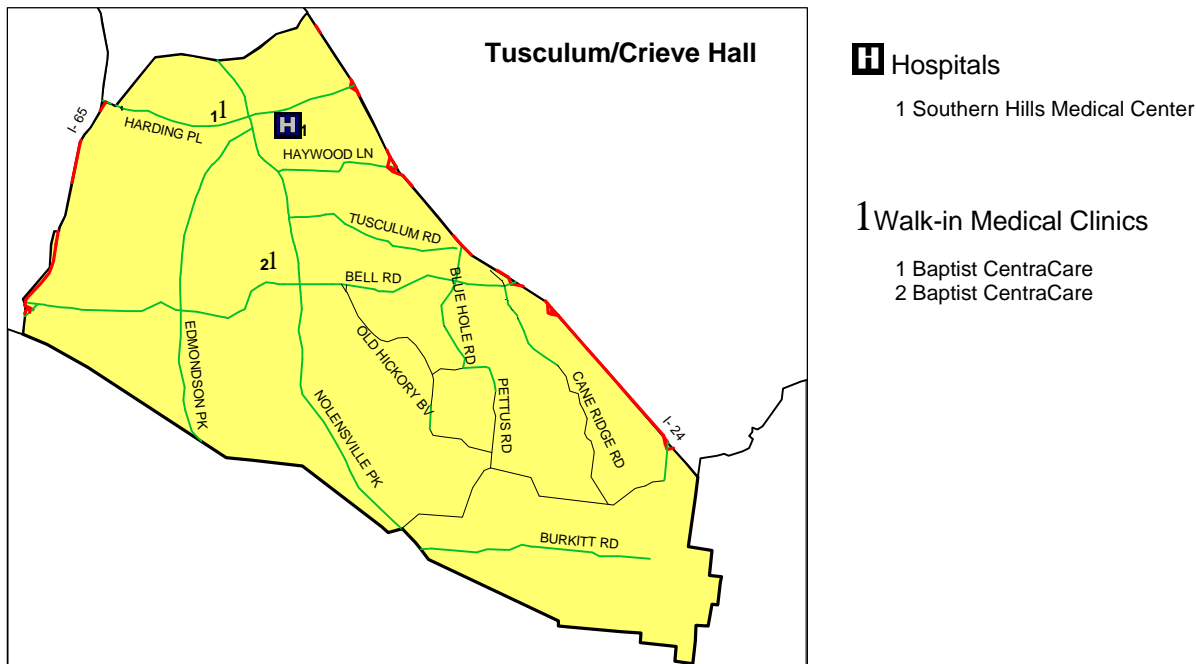
The population was estimated to be just above 33,000 for 1996. It is the eighth largest of the planning districts in population. Whites constitute 68% of the population while blacks represent 28%. This area had the largest percent of other race persons in the county according to the 1990 census. The age distribution was much like the county as a whole except 15% were age 65 and over (county, 10%).

Socio-economic characteristics of the area are generally lower than those in the county as a whole. In 1990, 22% were poor compared to 13% for the county; 12% of households received public assistance (county, 8%); 41% of households with children were headed by a single female (county, 27%); the median household income (\$18,877) was one third lower than the county; and 43% of adults over age 25 had no high school diploma (county, 24%).

Highlights of the health status data

- The adolescent and teen birth rates in this area in 1996 were much higher than the county rates. The area had the third highest adolescent birth rate and the second highest teen birth rate.
- The area had the second highest low and very low birthweight infant percentages in 1996. Its average infant mortality rate during the 1990s was 16% higher than the countywide average.
- Berry Hill/Woodbine had the third highest premature mortality rate in the county. Its premature mortality rate due to HIV/AIDS was the highest of all areas of the county during the 1990 – 1996 period. It also had the highest premature mortality rate due to suicide.
- Berry Hill/Woodbine had the second highest new gastrointestinal infection rate in the 1990s and the second highest new syphilis case rate in 1996.

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Tusculum/Crieve Hall area is located in the southeast corner of the county and comprises about 8% of the land area in Nashville/Davidson County. Most (64%) of the land is for residential use and much (54%) of that is classified as rural. One fourth of the land is vacant or for agriculture use.

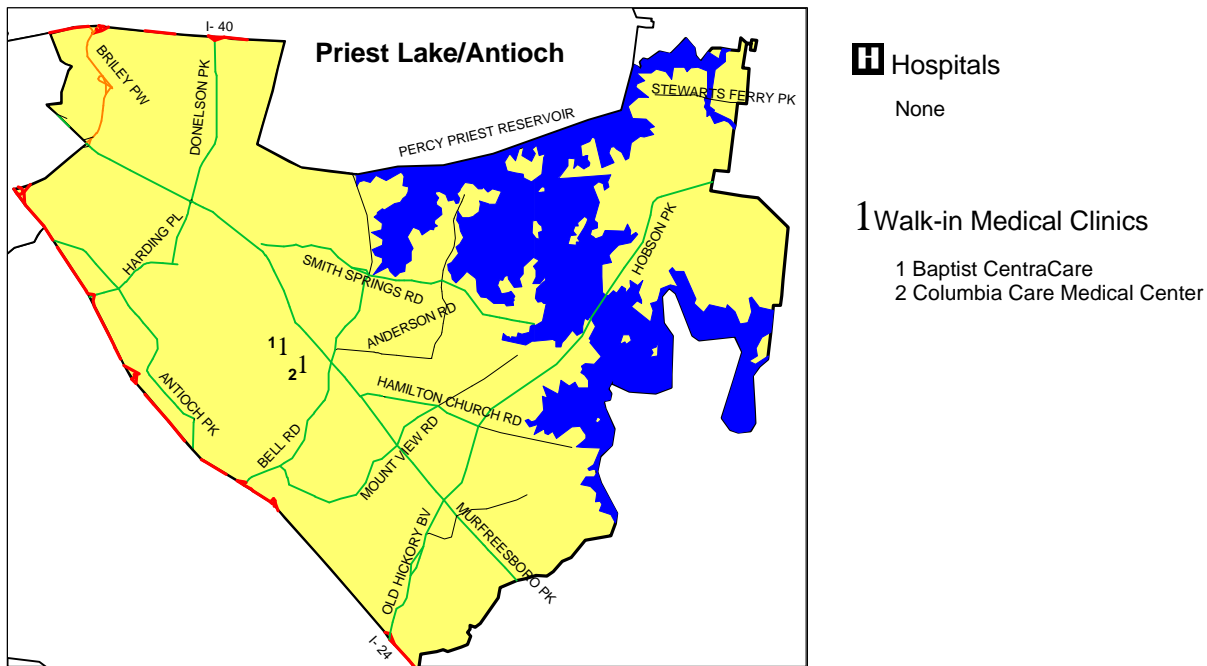
The population was estimated to be almost 66,000 for 1996 making this district the third most populous of the fourteen districts. Most of the population is white (83%); 14% are black. This area's under age 15 population is the largest within the county (27%).

Socio-economically, the Tusculum/Crieve Hall area fares better than the county as a whole. In 1990, 7% were poor (county, 13%); only 3% of the households received public assistance (county, 8%); of the households with children, 21% were headed by a single female (county, 27%); the median household income (\$31,297) was 10% higher than the county median; and 15% of the adults had not completed high school compared to 24% for the county.

Highlights of the health status data

- Tusculum/Crieve Hall had the second lowest adolescent birth rate in 1996 and the third lowest teen birth rate.
- Its average infant mortality rate for the 1990 to 1996 period was second lowest of all planning districts and more than a third lower than the countywide average.
- The premature mortality rate for Tusculum/Crieve Hall was 28% lower than the county rate and fifth best of all the planning districts. It had the lowest rate of premature mortality due to suicide.
- Almost two-thirds of the residents in this area rated their health status as good or better in 1996. This area had the smallest percentage of persons indicating they had high blood pressure.

Section One: Planning District Profiles



Aspects of the district that will help the reader understand the health data

The Priest Lake/Antioch area is located in the southeast section of the county and comprises 11% of the land area in the county. Slightly more than a fourth of the land is residential, another fourth is vacant, fourteen percent is commercial and industrial in use and the Nashville International Airport and the J. Percy Priest Reservoir occupy the balance.

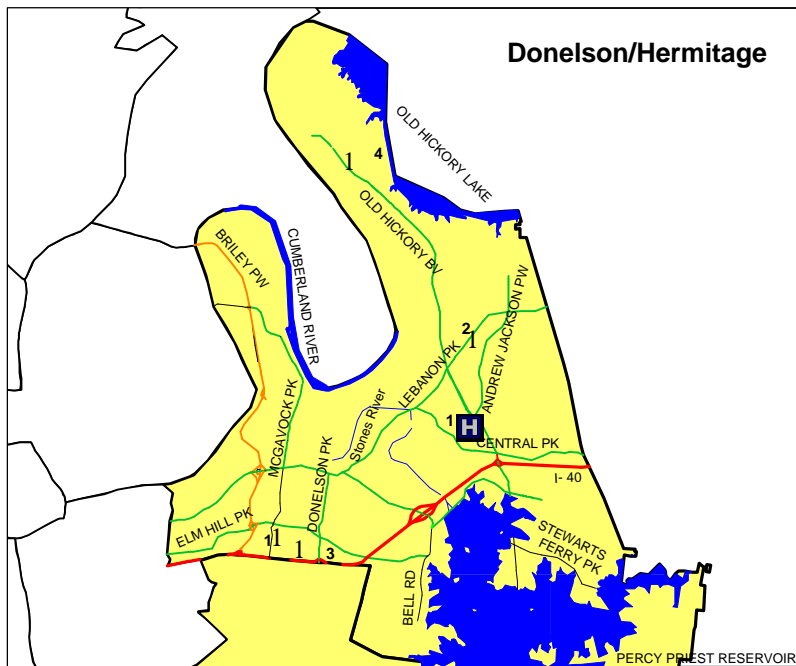
The 1996 population was estimated at slightly more than 46,000 making this planning district the fifth largest. The population distribution by race is exactly the same as in the Tusculum/Crieve Hall area – 83% white and 14% black. This area's population aged 15 to 44 is the largest within the county (53%).

As for socio-economic characteristics, 6% of the residents had family incomes below the poverty level in 1990 (county, 13%); 3% of the households received public assistance (county, 8%); 16% of households with children were headed by a single female (county, 27%); the median household income (\$34,400) was 21% higher than the county median; and 17% of adults over age 25 had no high school diploma (county, 24%).

Highlights of the health status data

- The Priest Lake/Antioch area adolescent and teen birth rates in 1996 were lower than the county rates by 18% and 11% respectively.
- The average infant mortality rate for the 1990s in the Priest Lake/Antioch area was the lowest of all planning districts and 41% lower than the county rate.
- In 1996 the premature mortality rate in this area was 26% lower than the countywide rate and sixth best of the fourteen districts.
- This area had the highest percentage of residents who had some form of physical exercise during the past 30 days according to a 1996 survey. It also had the second highest rate of seat belt use.

Section One: Planning District Profiles



Hospitals

1 Summit Medical Center

1 Walk-in Medical Clinics

- 1 Baptist CentraCare
- 2 Baptist CentraCare
- 3 Columbia Care Medical Center
- 4 MHD – Old Hickory Clinic

Aspects of the district that will help the reader understand the health data

The Donelson/Hermitage area is located in the eastern section of the county and comprises about 11% of the land area in Nashville/Davidson County. About one-half the land is urban residential or committed to cultural/recreational use. One fourth is vacant and another fourth is rural residential.

The population in 1996 was estimated at 63,411 persons making it the fourth most populated planning district. Most of the residents (93%) are white; only 5% are black. As for age distribution, its proportion of persons aged 15 to 44 is the smallest of the planning districts and its proportion aged 45 to 64 is the largest.

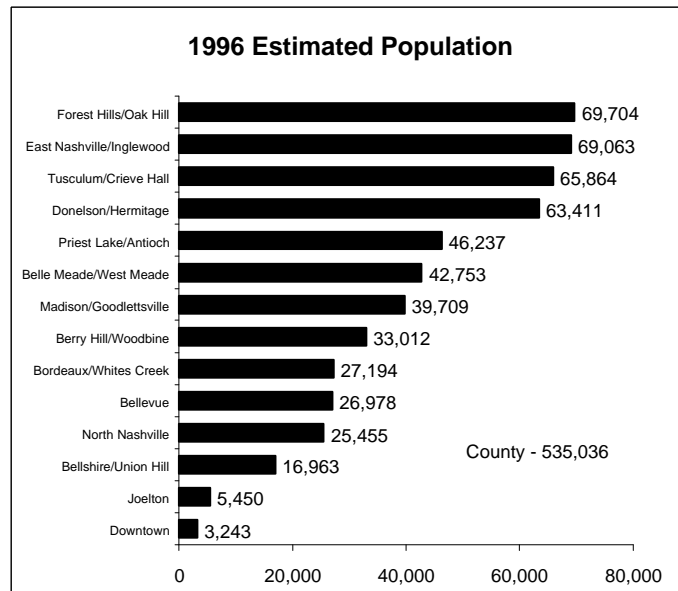
The socio-economic characteristics of this district are considerably better than those of the county as a whole. For example, poverty was 5% in 1990 compared to 13% for the county. Households receiving public assistance were 2% (county, 8%); households with children headed by a female were 18% (county, 27%); median household income (\$33,527) was 18% higher than the county median; and 18% of adults over age 25 had not earned a high school diploma (county, 24%).

Highlights of the health status data

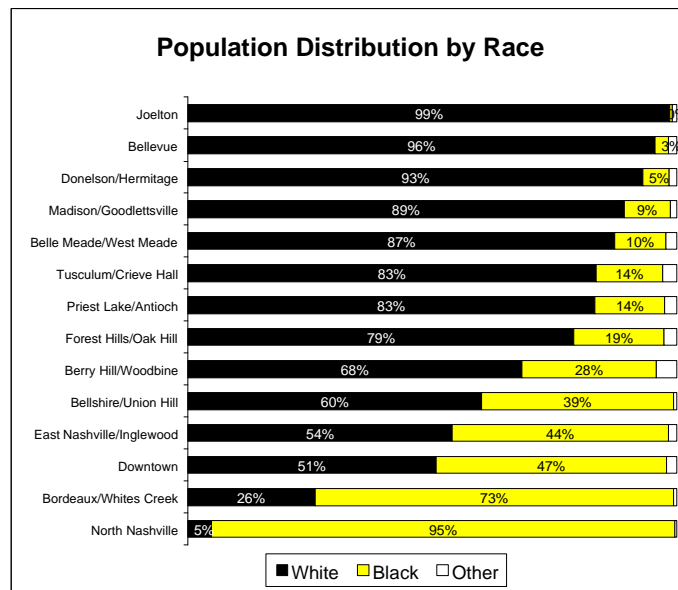
- The adolescent and teen birth rates for the Donelson/Hermitage area ranked third and second best respectively of the county's planning districts for which a rate could be calculated.
- This area had the highest average number of prenatal care visits in 1996 (12.3) and the second lowest percent of very-low- birthweight infants. Its average infant mortality rate for the 1990s was one third lower than the countywide average.
- Donelson/Hermitage had the fourth best overall premature mortality rate and the second best premature mortality rate due to homicide.
- Its new chlamydia case rate was second lowest and its new gonorrhea case rate was the lowest of all in the county in 1996.

Section Two: Deomographics and Socio-Economic Characteristics

The planning districts vary significantly in population. Four areas have populations in excess of 60,000, three have populations in the 40,000 range, one in the mid 30,000 range, three in the mid 20,000 range, one almost 17,000, and two have fewer than 10,000.

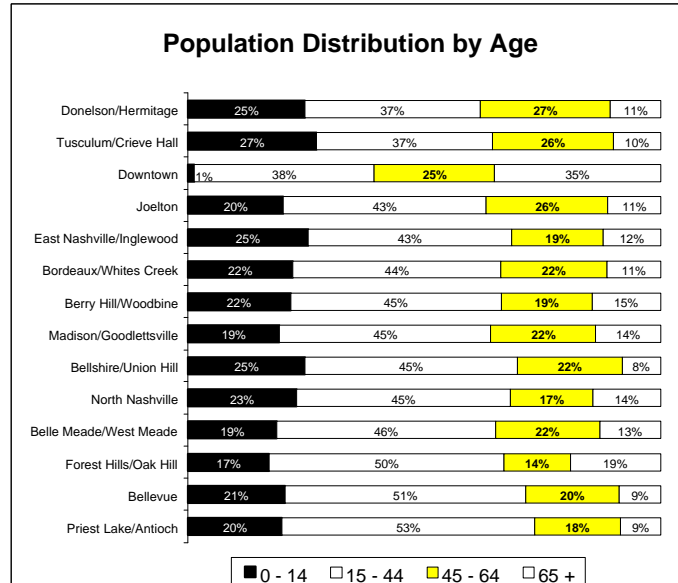


The racial distribution among the fourteen major sections of the county varies from 99% white in Joelton to 95% black in North Nashville. The racial distribution for the county as a whole is 73% white, 23% black, and 4% other race. These data are from the 1990 census.



Section Two: Deomographics and Socio-Economic Characteristics

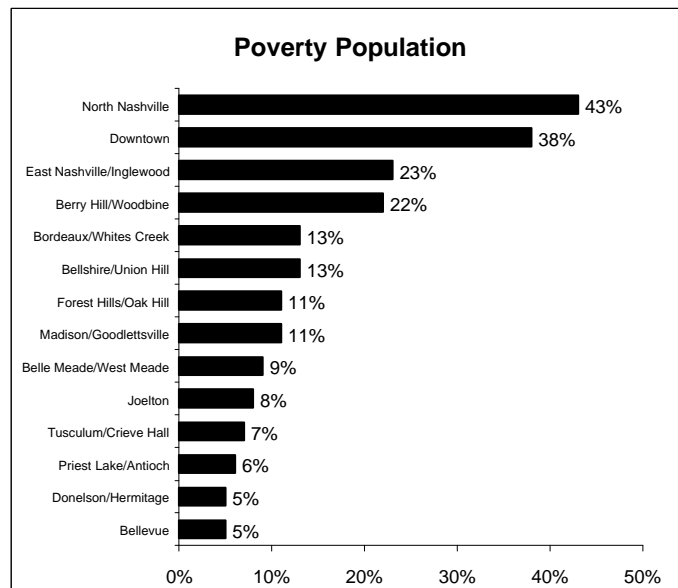
The planning districts are very similar in regard to population distribution by age except for the Downtown area where there is only 1% under age 15. The distribution for the county is 20% age 0 - 14, 48% age 15 - 44, 22% age 45 - 64, and 10% age 65 and above. These data are based on the 1990 census.



The percent of population with family incomes below the federal

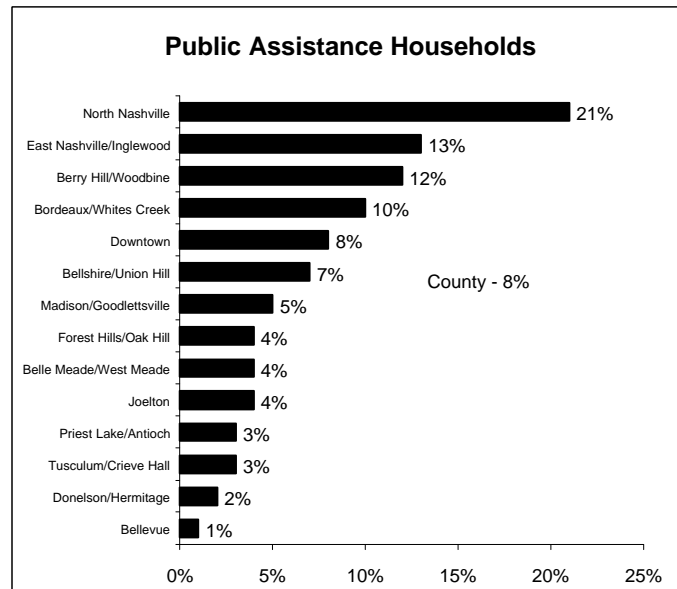
5% for the Bellevue and Donelson/Hermitage areas to a

The percent poor for the county as a whole is 13%. These data

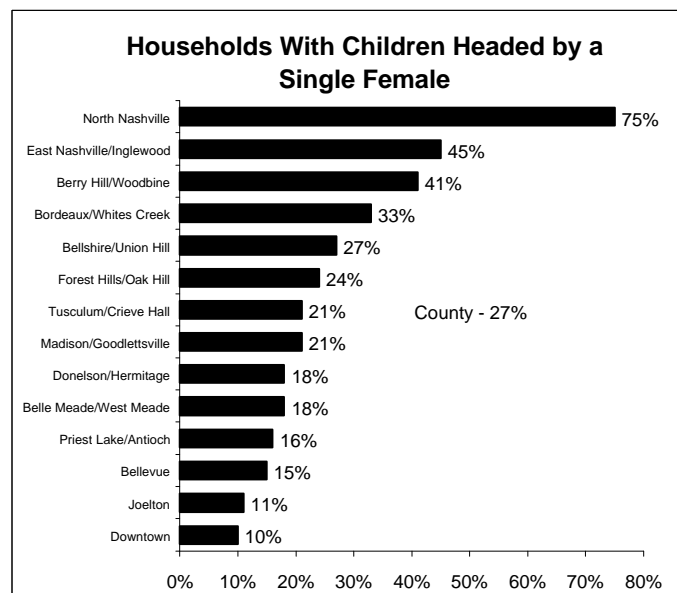


Section Two: Deomographics and Socio-Economic Characteristics

North Nashville also leads the fourteen sections of the county in the percentage of households receiving public assistance. The Bellevue area has the fewest with 1%. County wide the proportion is 8%. These data are from the 1990 census. The percentages are likely smaller now given welfare reform in Tennessee which began in 1996.

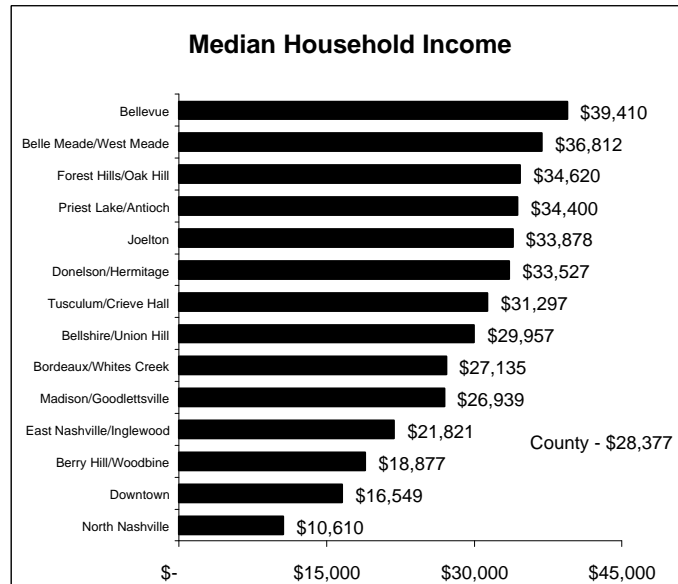


The percent of households with children headed by a single female is much higher in North Nashville (75%). The Joelton and Downtown areas have the lowest percents (11% and 10% respectively). The county-wide proportion is 27%. These data are from the 1990 census.

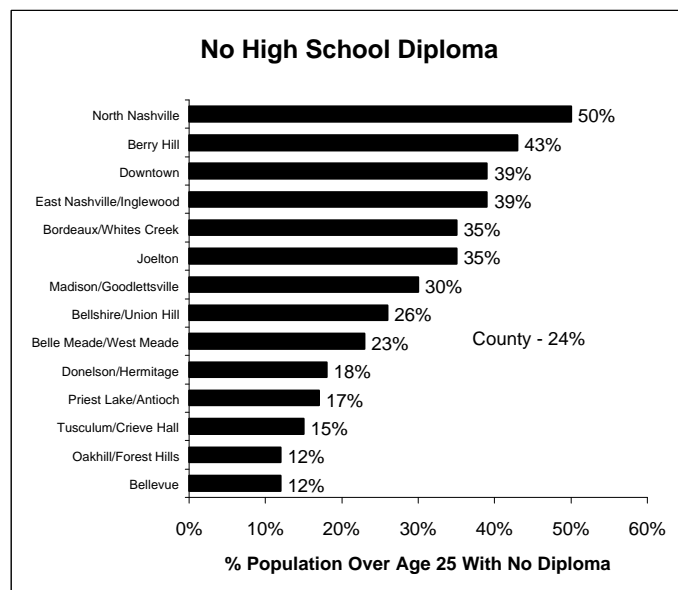


Section Two: Deomographics and Socio-Economic Characteristics

The median household income by area ranged from a high of \$39,410 in Bellevue to a low of \$10,610 in North Nashville. The countywide median was \$28,377. These are 1990 figures from the census.

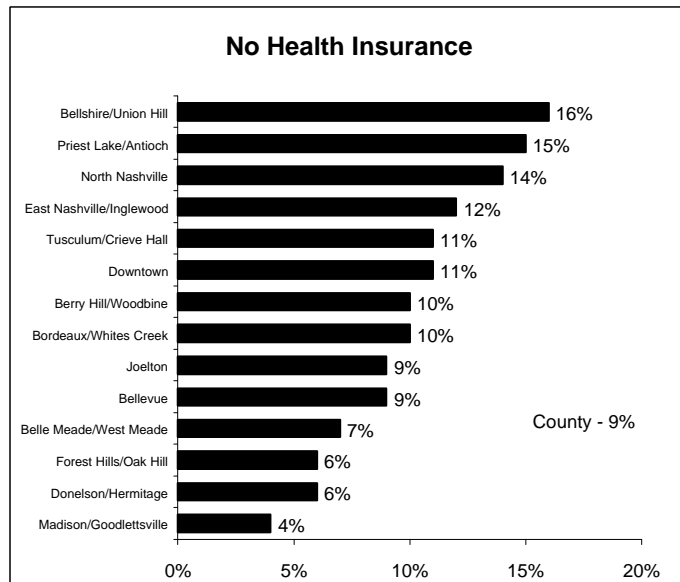


The percent of the population without a high school diploma ranges from 50% in North Nashville to 12% in the Oakhill/Forest Hills and Bellevue areas. The proportion for the county as a whole is 24%. These are data from the 1990 census.

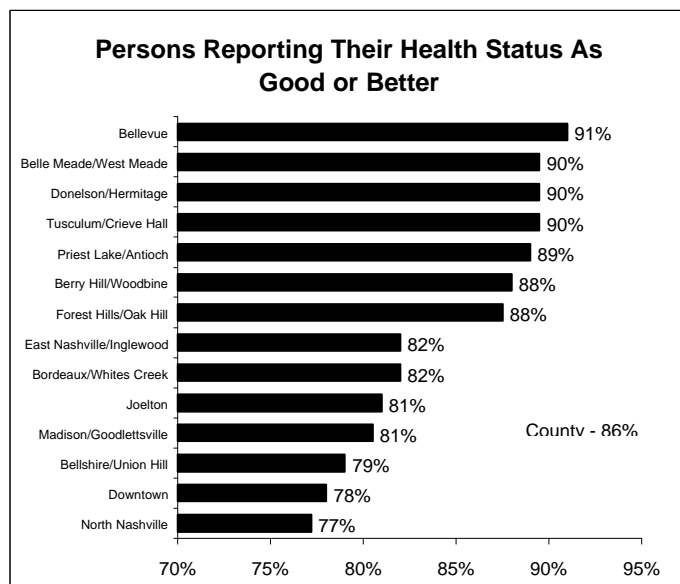


Section Three: Health Risk Factors

The percent uninsured among the major sections of Davidson County ranges from a high of 16% among the residents of the Bellshire/Union Hill section to a low of 4% in the Madison/Goodlettsville area. The percent uninsured in the county according to the 1996 survey was 9%.

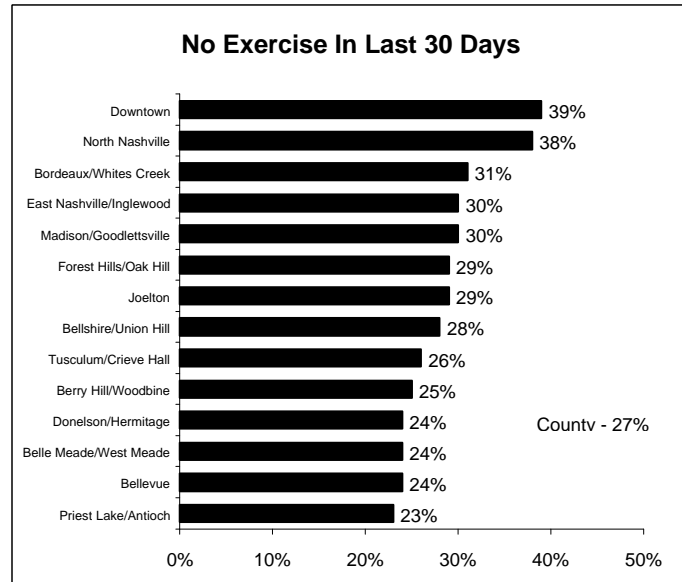


When asked to rate their health status, 86% of Davidson County residents rated their health as good, very good, or excellent. The Bellevue area had the highest percent rating their health as good or better (91%). The North Nashville area had the lowest percent (77%).

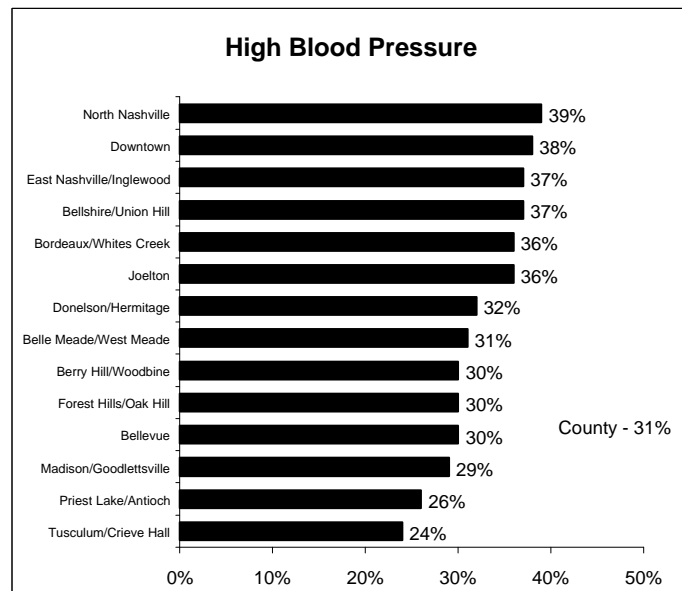


Section Three: Health Risk Factors

When asked if they had had some form of physical exercise during the last 30 days, 27% of Davidson County residents said no. The Downtown area had the highest percent at 39% while the Priest Lake/Antioch area had the lowest percent (23%) of no exercise.

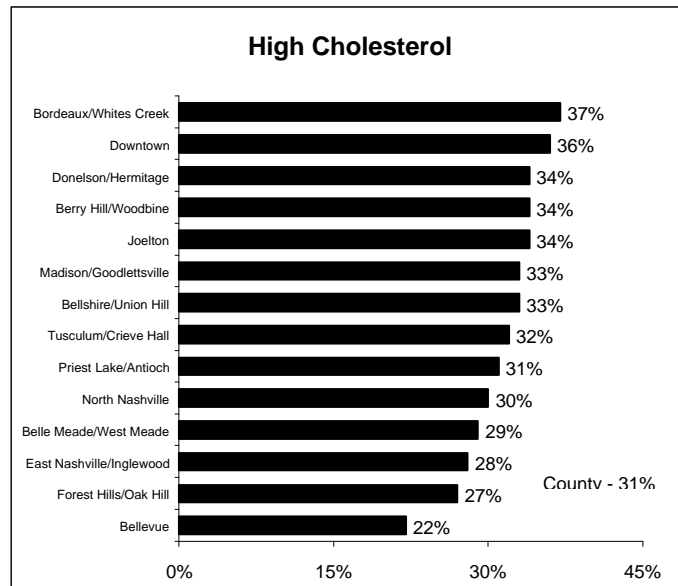


When asked if they had ever been told by a health care professional that they have high blood pressure, 31% of Davidson County residents said yes. Residents of North Nashville had the highest percent (39%) while Tusculum/Crieve Hall had the lowest (24%).

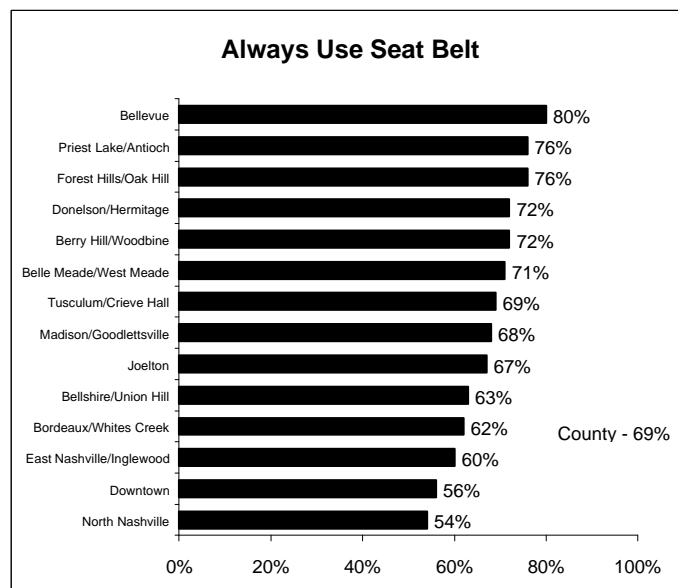


Section Three: Health Risk Factors

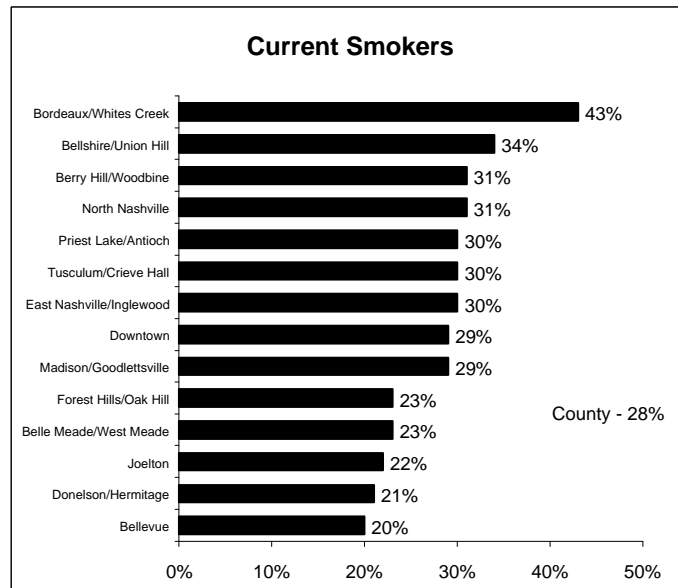
When asked if they had ever been told by a health care professional that they had high blood cholesterol, 31% responded yes. The Bordeaux/Whites Creek area had the highest rate at 37% while the residents of the Bellevue area had the lowest at 22%.



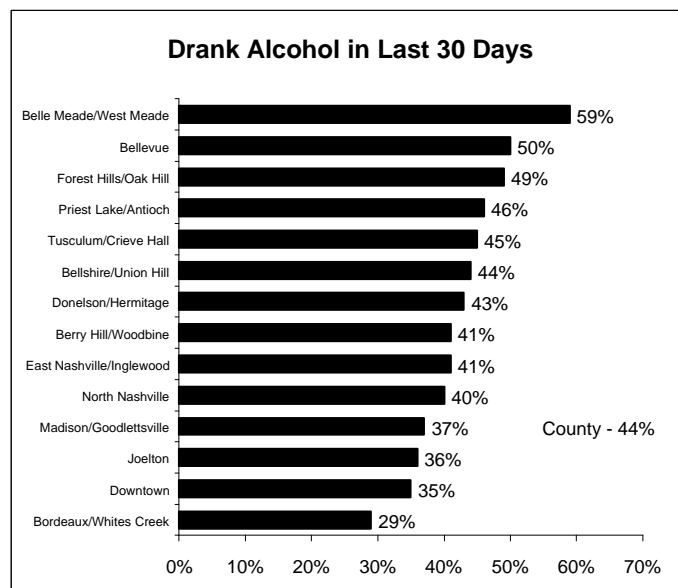
When asked to indicate how frequently they use their seat belt, 69% of the Davidson County residents indicated they always did. The range among the fourteen sections of the city was a high of 80% and a low of 54% with the highest use in Bellevue and the lowest in North Nashville.



When asked if they currently smoke, 28% of the Nashville residents responded affirmatively. Bordeaux/Whites Creek had the highest rate of smokers at 43%. The rate for Bellevue was 20%, the lowest among the fourteen sections of the city.

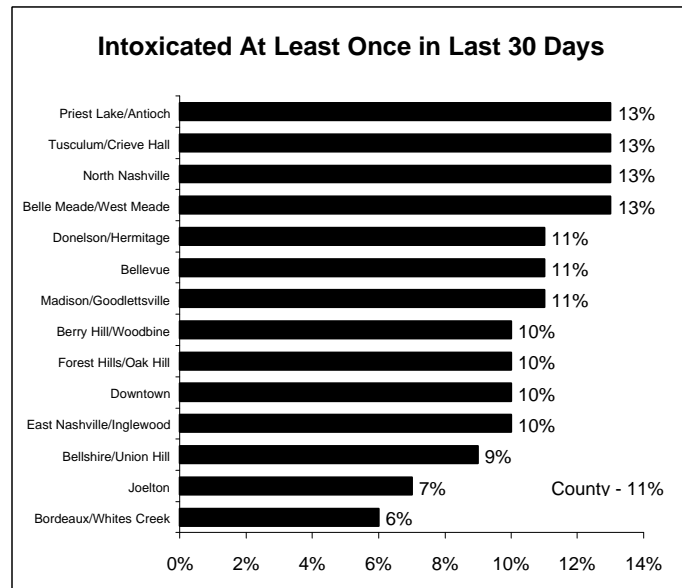


When asked if they had had at least one can of beer, glass of wine, or drink of whiskey during the last thirty days, 44% of Nashville respondents indicated they had. The Belle Meade/West Meade area had the highest rate of drinkers at 59%. The Bordeaux/Whites Creek area had the lowest rate at 29%.



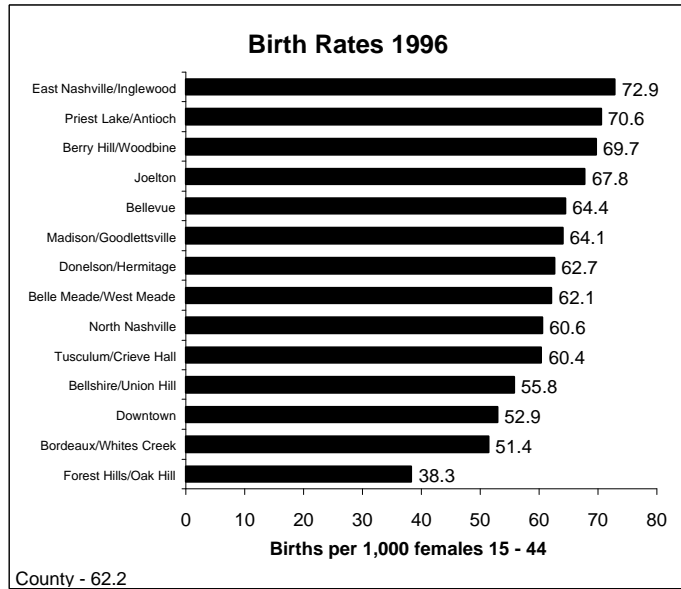
Section Three: Health Risk Factors

When asked how many times during the last 30 days they had drunk at least five drinks (beer, wine or whiskey) at one sitting, 11% of the Davidson County respondents indicated at least once. Four regions (Priest Lake/Antioch, Tusculum/Crieve Hall, North Nashville, and Belle Meade/West Meade) had the highest rate (13%) while the Bordeaux/Whites Creek area had the lowest rate at 6%.

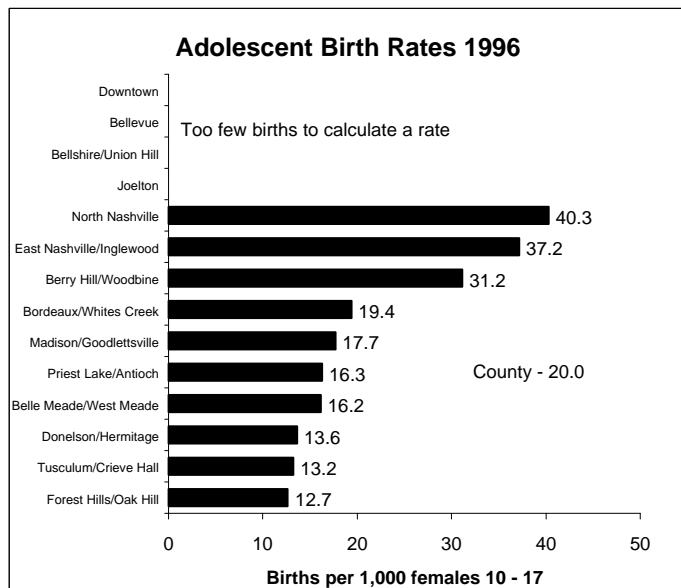


Section Four: Births, Prenatal Care, and Infant Health

The East Nashville/Inglewood area had the highest birth rate at 72.9 births per 1,000 females of child bearing age. Its rate was 17% higher than the county rate of 62.2. The Forest Hills/Oak Hill area had the lowest rate at 38.3. The United States' rate was 65.7 in 1996.

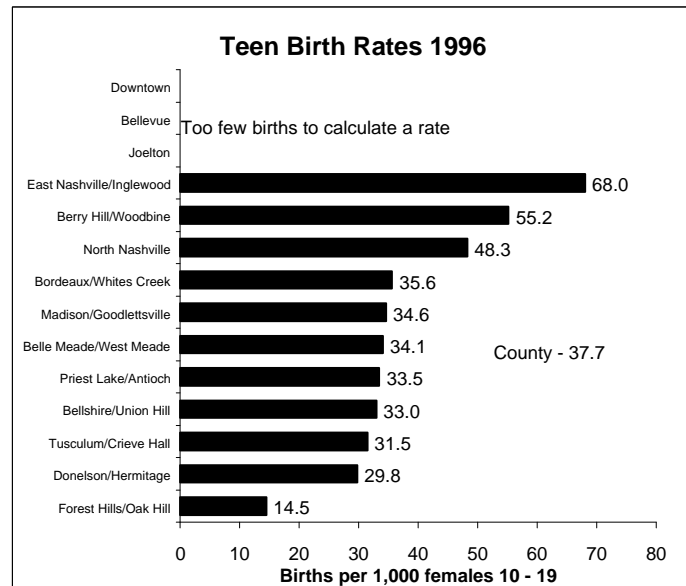


North Nashville had the highest adolescent birth rate followed closely by East Nashville/Inglewood and Berry Hill/Woodbine. The lowest rate occurred in the Forest Hills/Oak Hill area. The Donelson/Hermitage and Tusculum/Crieve Hall areas had similarly low rates. The county rate was 20.0 births per 1,000 females age 10 to 17. The rate for the United States was 14.0 in 1995.



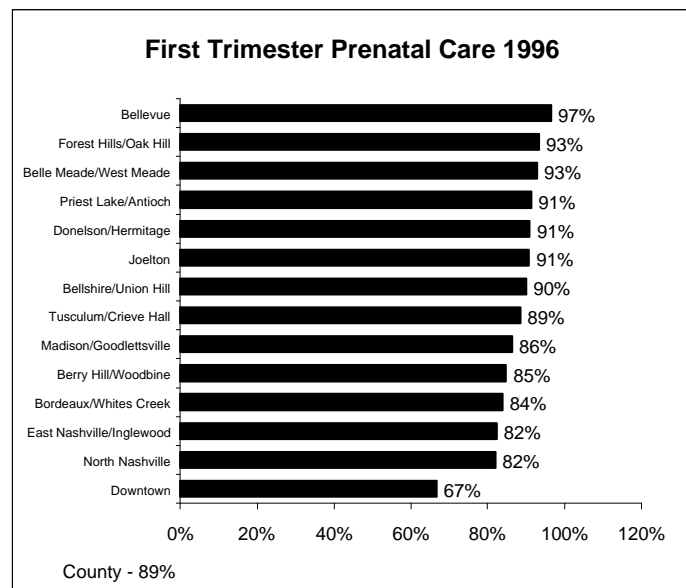
Section Four: Births, Prenatal Care, and Infant Health

The East Nashville/Inglewood area had the highest teen birth rate at 68 births per 1,000 females aged 10 - 19. This rate was 80% higher than the county rate at 37.7. The Forest Hills/Oak Hill area had the lowest rate at 14.5.



Early entry into prenatal care is important for the health of the mother and child. The goal is that all expectant mothers enter care before the end of the third month of pregnancy.

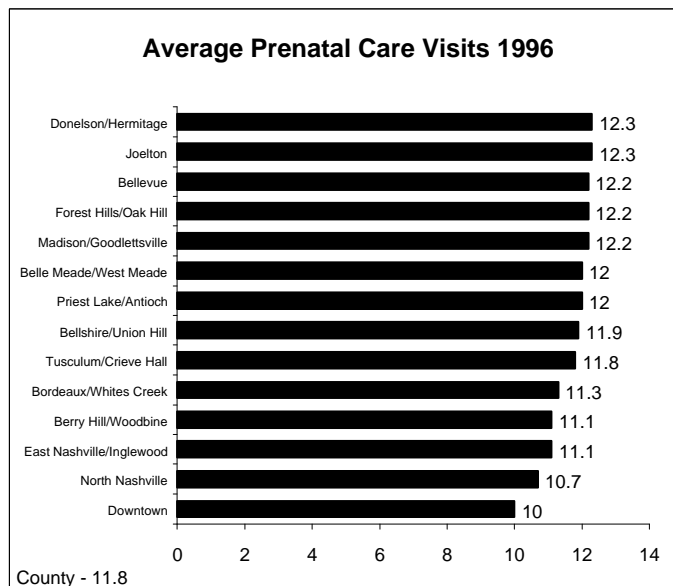
The Bellevue area had the largest percentage of first trimester entry into care at 97%. The Downtown area had the lowest percentage at 67%. The East Nashville/Inglewood and North Nashville areas had the next lowest rates at 82%. The county rate was 89%. The rate for the United States was 82% in 1996.



Section Four: Births, Prenatal Care, and Infant Health

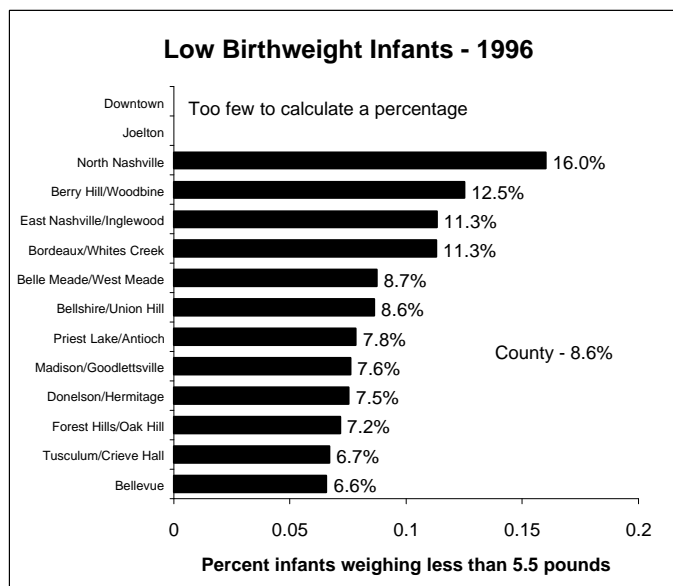
Ten or more prenatal care visits during an uncomplicated pregnancy would be expected for adequate care of the expectant mother and fetus.

The county average number of prenatal care visits in 1996 was 11.8. North Nashville had an average of 10.7 and the average for the Downtown area was 10. The average for the United States was 12.2 in 1995.



Low birthweight is associated with infant mortality and birth defects. Infants weighing less than 5.5 pounds at birth are classified as "low birthweight".

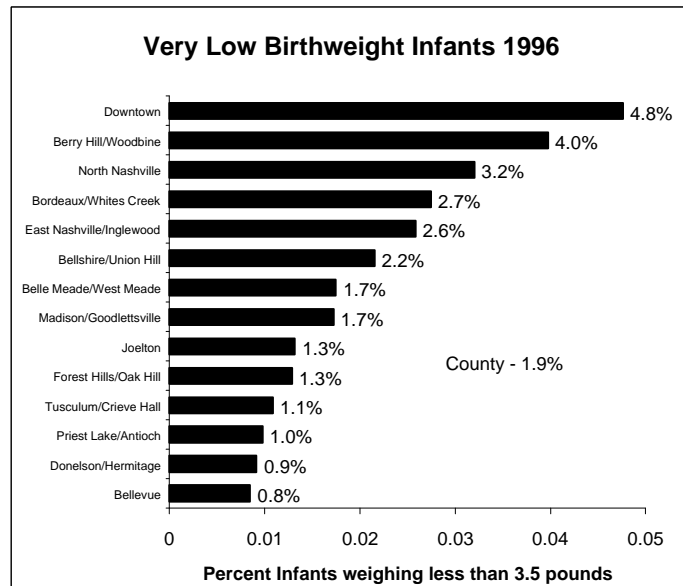
North Nashville had the highest low birthweight rate at 16% of all births in 1996. This rate was almost twice the county rate of 8.6%. Bellevue had the lowest rate at 6.6% followed closely by the Tusculum/Crieve Hall area at 6.7%. The United States' low birthweight rate was 7.4% in 1996.



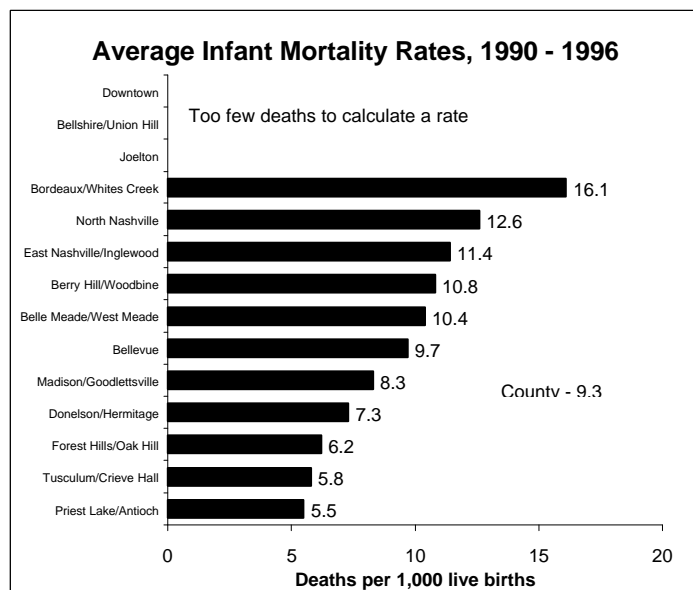
Section Four: Births, Prenatal Care, and Infant Health

Infants weighing less than 3.5 pounds at birth are classified as "very low birthweight".

At 4.8%, the Downtown area had the highest percentage of infants born weighing less than 3.5 pounds. The Berry Hill/Woodbine area had the next highest percent at 4%. These rates were twice the county percent which was 1.9% in 1996. The United States' rate was 1.4% in 1996.



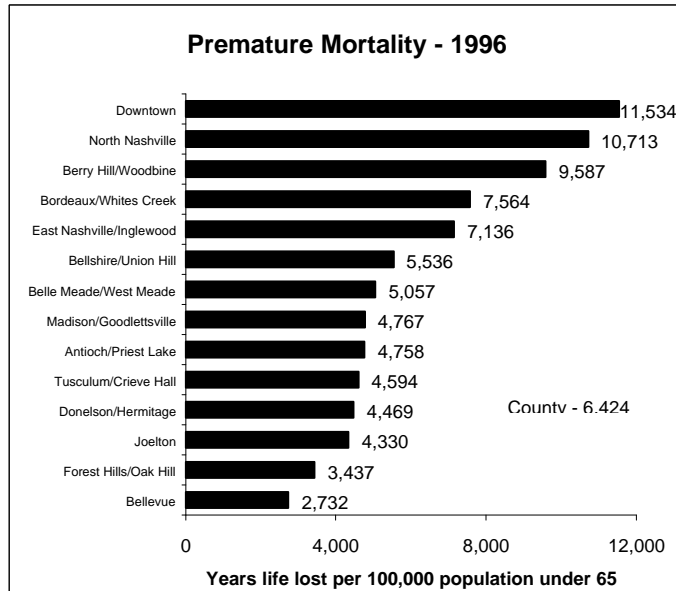
The Bordeaux/Whites Creek area had the highest average infant mortality rate during the 1990 - 1996 period. Its rate was 16.1 deaths per 1,000 live births. This rate was 73% higher than the average county rate for this period which was 9.3. North Nashville and East Nashville/Inglewood also had high rates at 12.6 and 11.4 respectively. The county rate for 1996 was 7.2. The 1996 rate for the United States was 7.2.



Section Five: Premature Mortality

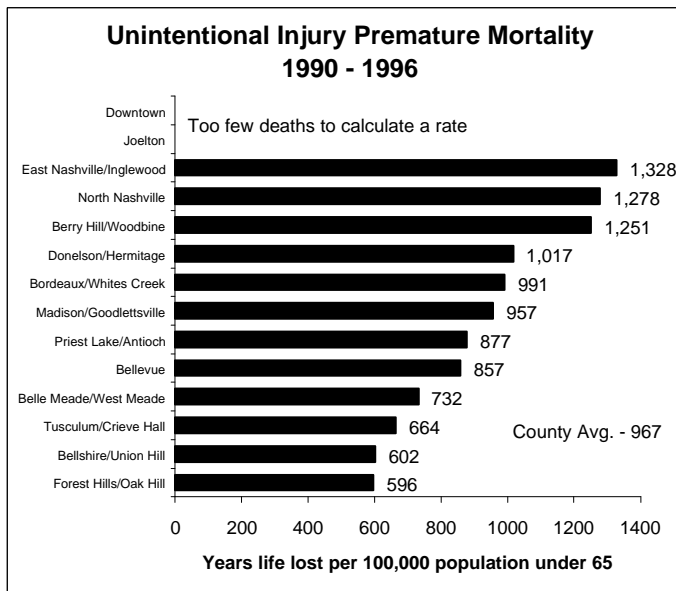
In this report premature mortality means deaths which occur before age 65. It is measured by subtracting the age at death from 65. The result is the number of potential years of life lost. The number is turned into a rate per 100,000 persons so that we can compare one district to another.

The Downtown area and North Nashville had the highest rates of premature mortality in 1996. The rate for Bellevue was the lowest. The county rate in 1996 was 6,424.



Unintentional injury is the leading cause of premature mortality in Davidson County. Annually 967 years of life are lost per 100,000 persons under age 65.

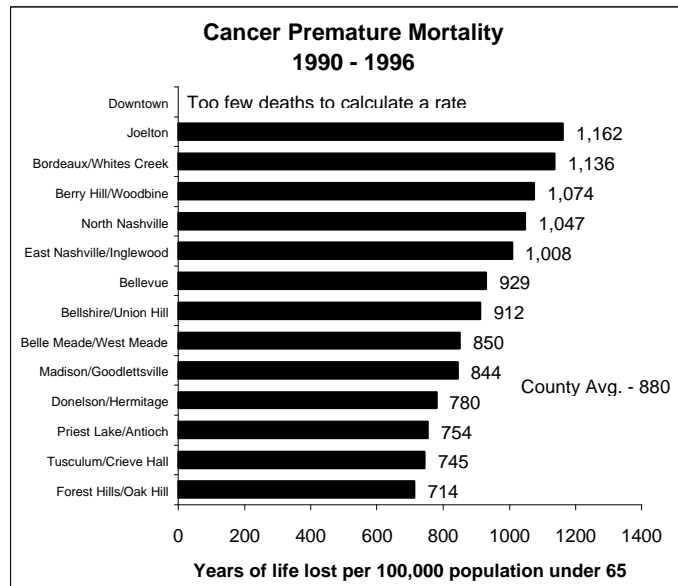
East Nashville had the highest rate of premature death due to unintentional injury followed by North Nashville. Forest Hills/Oak Hill had the lowest rate. The Downtown and Joelton areas had too few deaths to calculate a rate.



Section Five: Premature Mortality

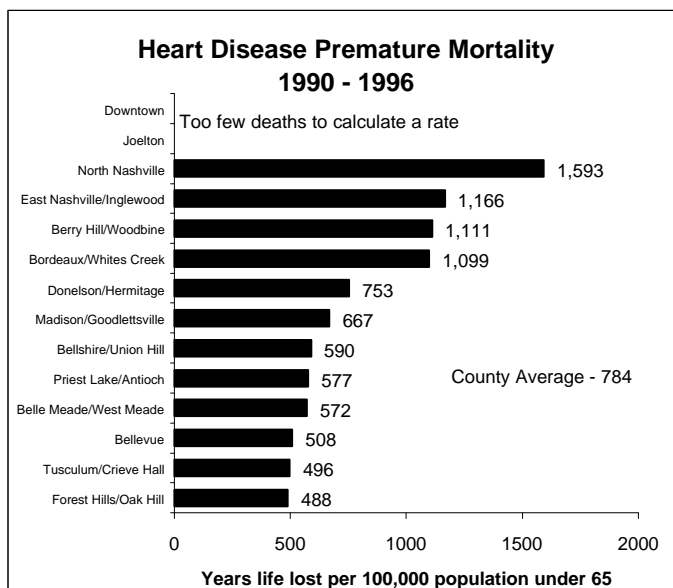
Cancer is the second leading cause of premature mortality in Davidson County. Annually 880 years of life are lost per 100,000 persons under age 65.

Joelton had the highest rate of premature death due to cancer followed by Bordeaux/Whites Creek. Forest Hills/Oak Hill had the lowest rate. The Downtown area had too few deaths to calculate a rate.



Heart disease is the third leading cause of premature mortality in Davidson County.

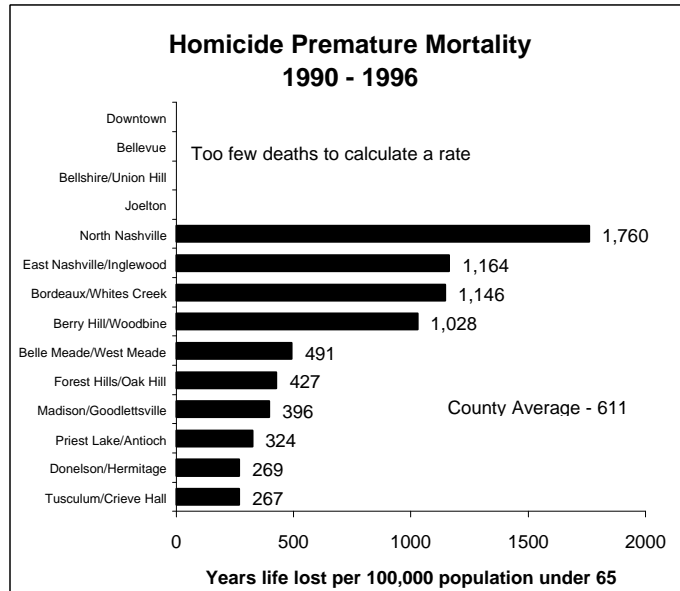
North Nashville had the highest rate of premature mortality from heart disease. Its rate was more than a third higher than the next highest area and twice as high as the county average. The average rate for the county for the 1990 - 1996 period was 784.



Section Five: Premature Mortality

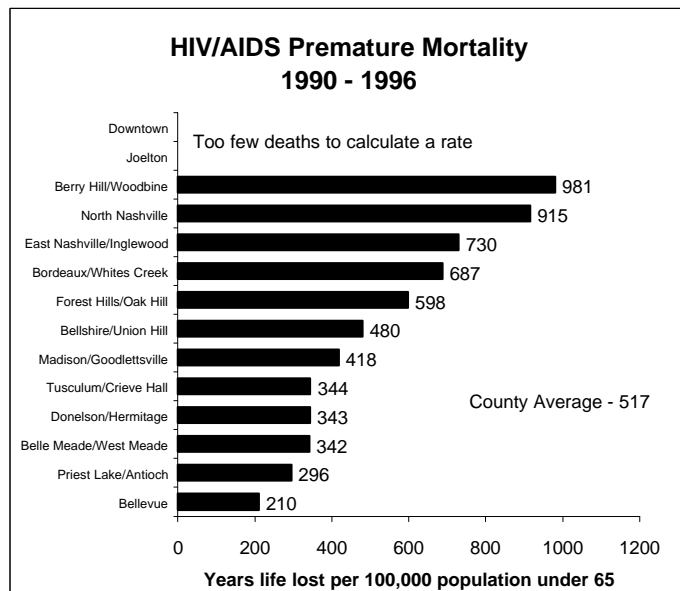
Homicide is the fourth leading cause of premature death in the county.

Again, North Nashville had the highest rate. Its rate was almost three times the county rate and was 51% higher than the next highest area. Tusculum/Crieve Hall had the lowest rate of premature mortality due to homicide. Its rate was less than half the county rate.



The fifth leading cause of premature mortality in Nashville is HIV/AIDS.

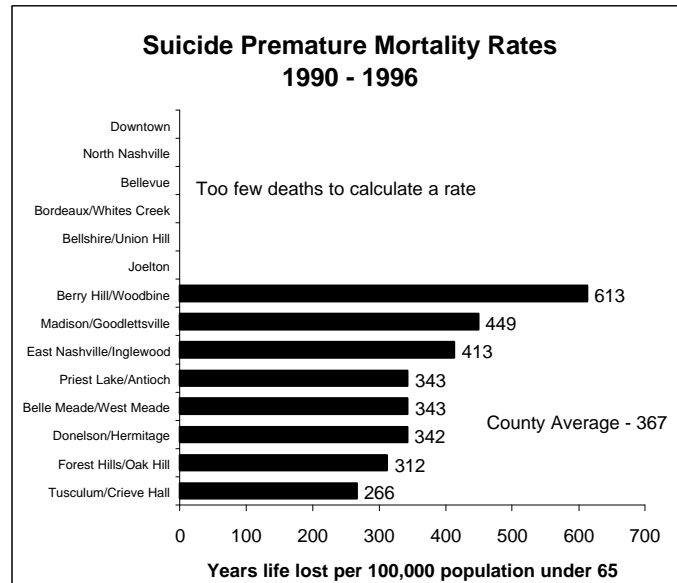
The Berry Hill/Woodbine area had the highest rate followed closely by North Nashville. The Bellevue area had the lowest rate. The county average rate for this period was 517.



Section Five: Premature Mortality

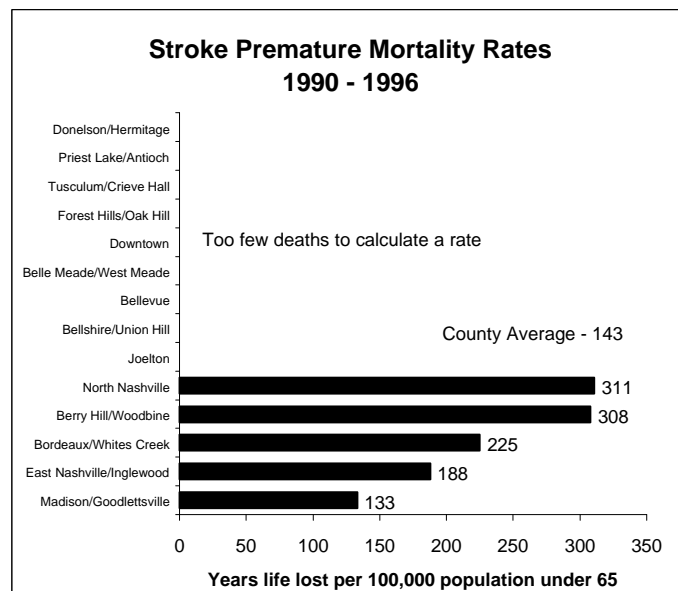
The sixth leading cause of premature death for Nashville residents is suicide.

The average rate for the county was 367 during the 1990 - 1996 period. The Berry Hill/Woodbine area had the highest rate from this cause. Its rate was twice that of the Tusculum/Crieve Hall area which had the lowest rate at 266.



Stroke is the seventh leading cause of premature mortality for Nashville residents.

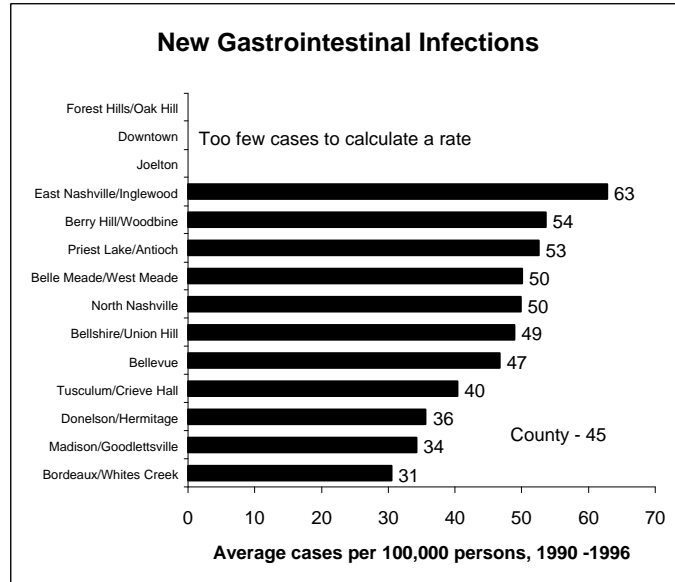
Of the five areas where there were a large enough number of deaths to calculate a stable rate, North Nashville had the highest rate followed closely by the Berry Hill/Woodbine area. The lowest rate was in the Madison/Goodlettsville area.



Section Six: Communicable Diseases

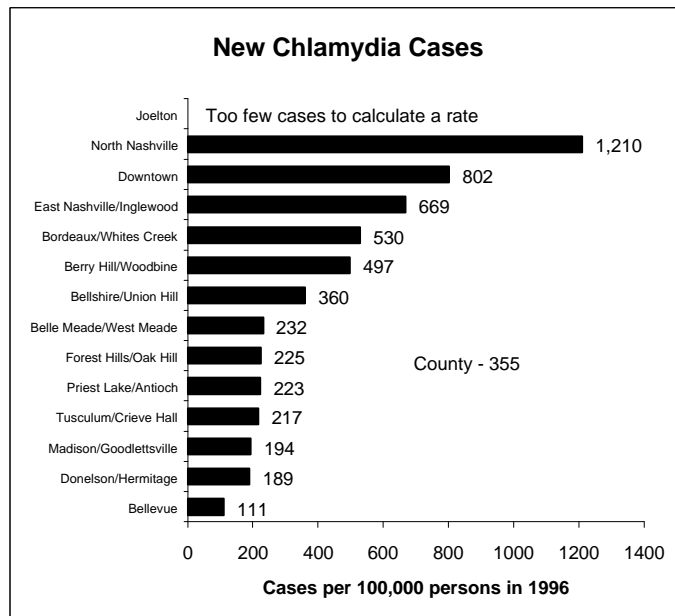
Gastrointestinal infections include campylobacter, giardiasis, salmonellosis, and shigellosis.

During the 1990 to 1996 period, the East Nashville/Inglewood area had the highest infection rate (63) for these diseases. The Forest Hills/Oak Hill, Downtown, and Joelton areas had too few cases to calculate a rate. Of the other areas, the Bordeaux/Whites Creek area had the lowest infection rate (31). The county rate was 45 cases per 100,000 persons.



Chlamydia is a sexually transmitted disease.

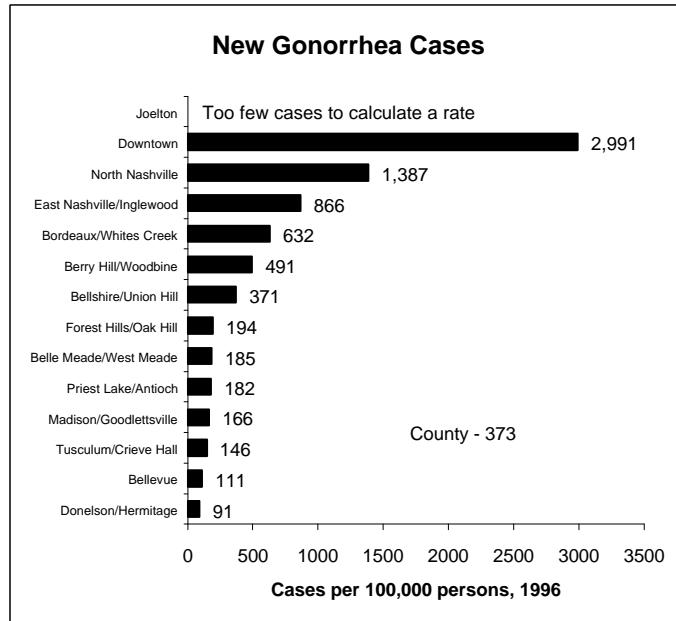
North Nashville had the highest rate of new cases in 1996. The rate was 1,210 per 100,000 persons, more than three times the rate for the county (355). The Joelton area had too few cases to rate. Of the other areas, Bellevue had the lowest rate at 111 cases per 100,000.



Section Six: Communicable Diseases

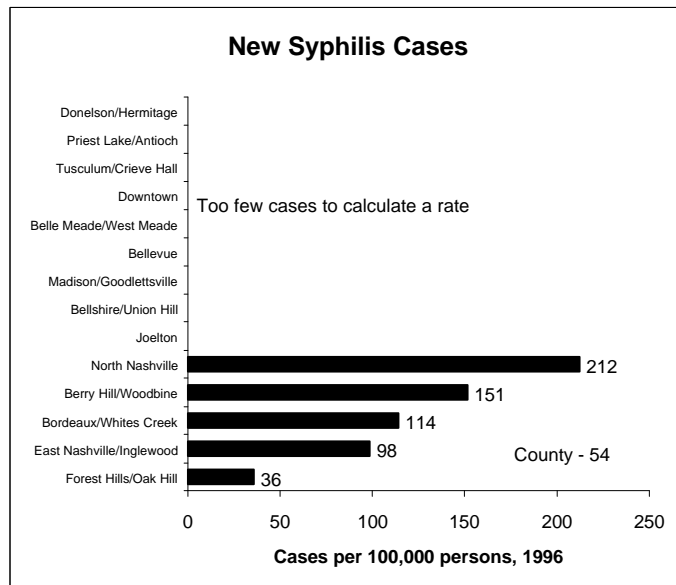
Gonorrhea is a sexually transmitted disease.

The Downtown area had the highest rate of new cases in 1996. The rate was 2,991 cases per 100,000 population; almost 3% of the population contracted the disease in 1996. This rate was eight times the county rate of 373 cases per 100,000. At 91 cases per 100,000 population, the Donelson/Hermitage area had the lowest rate of those for which a rate was calculated. Joelton had too few cases to calculate a rate.



Syphilis is a sexually transmitted disease.

Only five areas had enough new cases to calculate a rate in 1996. Of these North Nashville had the highest rate at 212 cases per 100,000 persons. This was four times the county rate of 54 cases per 100,000. The Forest Hills/Oak Hill area had the lowest rate of those where a rate was calculated.



Section Seven: Ranking the Planning Districts on Health Status

The table at the end of this section presents the rank of each planning district for each of the thirty-three health status indicators. It also presents the average rank of each planning district on each category of indicators and the average ranking for all thirty-three indicators. What follows is a brief narrative summary of the rankings for each indicator and for each planning district.

Technical note: The rankings are presented to provide the reader a context in which to interpret the rates for the various indicators. It should be understood, however, that while one planning district may rank above another, its value or “score” on a specific indicator may not be significantly different from those who have a similar but lower or higher value. Furthermore, the value may be higher than all or most of the other planning districts and still not be as “good” as would be desired. For example, Bellevue has the lowest percent of low birthweight infants of all planning districts in the county, but at 6.6%, its score is 32% higher than the United States objective for the year 2000.

Socio-economic Indicators

Poverty: North Nashville had the highest percentage of poverty (43%); Bellevue had the lowest (5%). The countywide percent was 13%.

Public assistance: North Nashville had the highest percentage of households receiving public assistance (21%); Bellevue had the lowest (1%). The countywide percent was 8%.

Single female headed households: North Nashville had the highest percentage of households headed by a single female (75%); the Downtown area had the lowest (10%). The countywide percent was 27%.

Median household income: North Nashville had the lowest median household income (\$10,610); Bellevue had the highest (\$39,410). The countywide median household income was \$28,377.

High school diploma: North Nashville had the highest percentage of persons who had not obtained a high school diploma (50%); Bellevue had the lowest (12%). The countywide percent was 24%.

Average ranking: Bellevue ranked first on four of the five socio-economic indicators and third on the fifth one. Thus, it ranked first overall on the socio-economic indicators with an average rank of 1.4. Its values were above the average on all five indicators. Next in the rankings were Priest Lake/Antioch (3.6) and Donelson/Hermitage (4.0).

Ranking fourteenth and last on socio-economic indicators was the North Nashville area. It ranked fourteenth on each of the five indicators in this group. Tying for the second worst values in this group (12.0 average) were the East Nashville/Inglewood and Berry Hill/Woodbine areas.

Health Risk Factors

Health insurance: The Bellshire/Union Hill area had the highest percentage of persons without health insurance (16%); the Madison/Goodlettsville had the lowest (4%). The countywide percent without health insurance was 9%.

Perceived health status: North Nashville had the lowest percentage of persons rating their health status as good or better (77%); Bellevue had the highest (91%). The county percent was 86%.

Exercise: The Downtown area had the highest percent of persons indicating they had not exercised in the last 30 days (39%); the Priest Lake/Antioch area had the lowest (23%). The county percent with no exercise was 27%.

High blood pressure: North Nashville had the highest percent of persons reporting high blood pressure (39%); Tusculum/Crieve Hall had the lowest (24%). The percent for the county was 31%.

High cholesterol: The Bordeaux/Whites Creek area had the highest percent of persons reporting high cholesterol (37%); Bellevue had the lowest (22%). The percent for the county was 31%.

Seat belt use: North Nashville had the lowest percent of persons indicating they always use their vehicle seat belt (54%); Bellevue had the highest (80%). The county percent was 69%.

Smoking: The Bordeaux/Whites Creek area had the highest percent of smokers (43%); Bellevue the lowest (20%). The county percent was 28%.

Alcohol use: The Belle Meade/West Meade area had the highest percent of persons indicating they had used alcohol within the last thirty days (59%); the Bordeaux/Whites Creek area had the lowest (29%). The county percent was 44%.

Intoxication: Four areas (Priest Lake/Antioch, Tusculum/Crieve Hall, North Nashville, and Belle Meade/West Meade) had 13% of their population indicating they had drank at least five drinks at one sitting on one or more occasions during the previous 30 days. The lowest percent was in the Bordeaux/Whites Creek area (6%). The county percent was 11%.

Average ranking: Bellevue area had the best average ranking on the health risk factors (3.78). It ranked first on four indicators and second on two others. Its scores were above the county average on all but two of the nine indicators in this group. The next best average rankings on health risk factors were Priest Lake/Antioch (5.78), Belle Meade/West Meade (6.0) and Donelson/Hermitage (6.1) in that order.

North Nashville had the worst average ranking on the health risk factors (11.1). It ranked twelfth or higher on six of the nine indicators in the group. Only two of its values were better than the county average. The next worst average ranking was the Downtown area (10.4).

Birth, Prenatal Care, and Infant Health Indicators

Adolescent birth rate: Of those areas with a rate, North Nashville had the highest adolescent birth rate (40.3 births per 1,000 females aged 10 – 17); Forest Hills/Oak Hill had the lowest (12.7 births per 1,000 females aged 10 – 17). The county rate was 20.0 births per 1,000 females aged 10 – 17.

Teen birth rate: Of those areas with a rate, the East Nashville/Inglewood area had the highest teen birth rate (68.0 births per 1,000 females aged 10 - 19); Forest Hills/Oak Hill had the lowest (14.5 births per 1,000 females aged 10 - 19). The county rate was 37.7 births per 1,000 females aged 10 - 19.

First trimester prenatal care: The Downtown area had the lowest percentage of expectant mothers beginning prenatal care in the first trimester (67%); Bellevue had the highest (97%). The county percent was 89%.

Average prenatal care visits: The Downtown area had the smallest average number of prenatal care visits (10); the Donelson/Hermitage and Joelton areas had the highest (12.3). The average for the county was 11.8 visits.

Low birthweight infants: Of those for which a percentage could be calculated, North Nashville had the highest percentage of low birthweight infants (16%); Bellevue had the lowest (6.6%). The county percent was 8.6%.

Very low birthweight infants: The Downtown area had the highest percent of very low birthweight infants (4.8%); Bellevue had the lowest (0.8%). The county percent was 1.9%.

Average infant mortality rates: Of those for which a rate could be calculated, the Bordeaux/Whites Creek area had the highest infant mortality rate (16.1 deaths per 1,000 live births); the Priest Lake/Antioch area had the lowest (5.5 deaths per 1,000 live births). The county rate was 9.3 deaths per 1,000 live births.

Average ranking: The Forest Hills/Oak Hill area had the best average rank (2.57) on the natality indicators considered in this report. This area ranked third or better on each indicator except for one where its rating was fifth. All of its values were above the county average. Bellevue had the next best average ranking (2.6). It ranked first on three of the seven indicators and was not ranked on two indicators (adolescent and teen birth rates) because of too few cases to calculate a rate. All but one of its values was better than the county average.

The Downtown area had the worst average ranking (14) on natality indicators. However, it was not ranked on four of the seven indicators because it had too few cases to calculate a rate. Of those where rates were calculable for each indicator, North Nashville had the worst average ranking (11.3). It ranked ninth or higher on each of the seven indicators. Next worst average ranking was the East Nashville/Inglewood area followed closely by the Berry Hill/Woodbine area.

Premature Mortality

Premature mortality: The Downtown area had the highest overall rate of premature mortality (11,534 per 100,000 persons under age 65); Bellevue had the lowest (2,732 per 100,000 persons under age 65). The rate for the county was 6,424 per 100,000 persons under age 65.

Unintentional injury premature mortality: Of those for which a rate could be calculated, the East Nashville/Inglewood area had the highest rate of premature mortality due to unintentional injury (1,328 per 100,000 persons under age 65); the Forest Hills/Oak Hill area had the lowest rate (596 per 100,000 persons under age 65). The rate for the county for this cause was 967 per 100,000 persons under age 65.

Cancer premature mortality: Of those for which a rate could be calculated, the Joelton area had the highest rate of premature mortality due to cancer (1,162 per 100,000 persons under age 65); the Forest Hills/Oak Hill area had the lowest (714 per 100,000 persons under age 65). The county rate for cancer was 880 per 100,000 persons under age 65.

Heart disease premature mortality: Of those for which a rate could be calculated, North Nashville had the highest rate of premature mortality due to heart disease (1,593 per 100,000 persons under age 65); the Forest Hills/Oak Hill area had the lowest (488 per 100,000 persons under age 65). The county rate for heart disease was 784 per 100,000 persons under age 65.

Homicide premature mortality: Of those for which a rate could be calculated, North Nashville had the highest rate of premature mortality due to homicide (1,760 per 100,000 persons under age 65); the Tusculum/Crieve Hall area had the lowest (267 per 100,000 persons under age 65). The county rate for homicide was 611 per 100,000 persons under age 65.

HIV/AIDS premature mortality: Of those for which a rate could be calculated, the Berry Hill/Woodbine area had the highest rate of premature mortality due to HIV/AIDS (981 per 100,000 persons under age 65); Bellevue had the lowest (210 per 100,000 persons under age 65). The county premature mortality rate due to HIV/AIDS was 517 per 100,000 persons under age 65.

Suicide premature mortality: Of those for which a rate could be calculated, the Berry Hill/Woodbine area had the highest rate of premature mortality due to suicide (613 per 100,000 persons under age 65); the Tusculum/Crieve Hall area had the lowest (266 per 100,000 persons under age 65). The county rate due to suicide was 367 per 100,000 persons under age 65.

Stroke premature mortality: Of those for which a rate could be calculated, North Nashville had the highest rate of premature mortality due to stroke (311 per 100,000 persons under age 65); Madison/Goodlettsville had the lowest (133 per 100,000 persons under age 65). The county rate was 143 per 100,000 persons under age 65.

Average ranking: Bellevue had the lowest premature mortality rate followed by the Forest Hills/Oak Hill and Joelton areas. The Downtown area followed closely by the North Nashville and Berry Hill/Woodbine areas recorded the worst premature mortality rates. When ranking the planning districts according to their average rank on each of the premature mortality indicators, the Tusculum/Crieve Hall area had the best average followed by the Forest Hills/Oak Hill and Bellevue areas. The North Nashville, Berry Hill/Woodbine, and East Nashville/Inglewood areas held the worst averages.

Communicable Diseases

New gastrointestinal infections: Of those for which a rate could be calculated, the East Nashville/Inglewood area had the highest rate of new gastrointestinal infections (63 per 100,000 persons); the Bordeaux/Whites Creek area had the lowest (31 per 100,000 persons). The county rate was 45 per 100,000 persons during the 1990 to 1996 period.

New chlamydia cases: Of those for which a rate could be calculated, North Nashville had the highest rate of new chlamydia cases (1,210 per 100,000 persons); Bellevue had the lowest (111 per 100,000 persons). The rate for the county was 355 per 100,000 persons in 1996.

New gonorrhea cases: Of those for which a rate could be calculated, the Downtown area had the highest rate of new gonorrhea cases (2,991 per 100,000 persons); the Donelson/Hermitage area had the lowest (91 per 100,000 persons). The county rate was 373 per 100,000 persons in 1996.

New syphilis cases: Of those for which a rate could be calculated, North Nashville had the highest rate of new syphilis cases (212 per 100,000 persons); the Forest Hills/Oak Hill area had the lowest (36 per 100,000 persons). The county rate was 54 per 100,000 persons in 1996.

Average ranking: The Joelton area could not be ranked on any of the communicable disease indicators due to too few cases. Of those that had rates on at least three of the four indicators, the Donelson/Hermitage area had the best average ranking (2). Next best was Bellevue (2.7) followed by the Madison/Goodlettsville area (3).

The Downtown area was ranked on only two of the four indicators due to too few cases. On these two its average rank was 12.5. The North Nashville, East Nashville/Inglewood and Berry Hill/Woodbine areas were ranked on all four indicators and had respective average rankings of 9.3, 8.8, and 8.0.

Joelton

The Joelton area ranked fifth on socio-economic indicators, sixth on health risk factors, fifth on natality indicators, and third on premature mortality. Because of too few cases, a rate could not be calculated for the indicators related to communicable disease. Its values were better than the county average on eleven of the nineteen indicators for which a rate could be calculated. The Joelton area ranked **fourth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Bellshire/Union Hill

The Bellshire/Union Hill area ranked eighth on socio-economic indicators, eleventh on health risk factors, eighth on natality indicators, ninth on premature mortality, and ninth on communicable disease. Its values were better than the county average on ten of the twenty-seven indicators for which a rate could be calculated. The Bellshire/Union Hill area ranked **ninth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Bordeaux/Whites Creek

The Bordeaux/Whites Creek area ranked tenth on socio-economic indicators, twelfth on health risk factors, ninth on natality indicators, eleventh on premature mortality, and sixth on communicable disease. Its values were better than the county average on five of the thirty-two indicators for which a rate could be calculated. The Bordeaux/Whites Creek area ranked **tenth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Madison/Goodlettsville

The Madison/Goodlettsville area ranked seventh on socio-economic indicators, ninth on health risk factors, seventh on natality indicators, seventh on premature mortality, and third on communicable disease. Its values were better than the county average on twenty-one of the thirty-two indicators for which a rate could be calculated. The Madison/Goodlettsville area ranked **seventh** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

East Nashville/Inglewood

The East Nashville/Inglewood area ranked eleventh on socio-economic indicators, tenth on health risk factors, eleventh on natality indicators, tenth on premature mortality, and eleventh on communicable disease. Its values were better than the county average on three of the thirty-three indicators. The East Nashville/Inglewood area ranked **twelfth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Bellevue

Bellevue ranked first on socio-economic indicators, first on health risk factors, second on natality indicators, first on premature mortality, and second on communicable disease. Its values were better than the county average on twenty-two of the twenty-seven indicators for which a rate could be calculated. Bellevue ranked **first** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Belle Meade/West Meade

The Belle Meade/West Meade area ranked fourth on socio-economic indicators, third on health risk factors, sixth on natality indicators, eighth on premature mortality, and eighth on communicable disease. Its values were better than the county average on twenty-five of the thirty-one indicators for which a rate could be calculated. The Belle Meade/West Meade area ranked **eighth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

North Nashville

The North Nashville area ranked twelfth on socio-economic indicators, fourteenth on health risk factors, twelfth on natality indicators, thirteenth on premature mortality, and twelfth on communicable disease. Its values were better than the county average on two of the thirty-two indicators for which a rate could be calculated. The North Nashville area ranked **thirteenth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Downtown

The Downtown area ranked ninth on socio-economic indicators, thirteenth on health risk factors, thirteenth on natality indicators, fourteenth on premature mortality, and thirteenth on communicable disease. Its values were better than the county average on three of the twenty indicators for which a rate could be calculated. The Downtown area ranked **fourteenth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Forest Hills/Oak Hill

The Forest Hills/Oak Hill area ranked sixth on socio-economic indicators, fifth on health risk factors, first on natality indicators, second on premature mortality, and fifth on communicable disease. Its values were better than the county average on twenty-seven of the thirty-one indicators for which a rate could be calculated. The Forest Hills/Oak Hill area ranked **third** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Berry Hill/Woodbine

The Berry Hill/Woodbine area ranked eleventh on socio-economic indicators, eighth on health risk factors, tenth on natality indicators, twelfth on premature mortality, and tenth on communicable disease. Its values were better than the county average on six of the thirty-three indicators. The Berry Hill/Woodbine area ranked **eleventh** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Tusculum/Crieve Hall

The Tusculum/Crieve Hall area ranked fourth on socio-economic indicators, seventh on health risk factors, fourth on natality indicators, fifth on premature mortality, and fourth on communicable disease. Its values were better than the county average on twenty-three of the thirty-one indicators for which a rate could be calculated. The Tusculum/Crieve Hall area ranked **fifth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Priest Lake/Antioch

The Priest Lake/Antioch area ranked second on socio-economic indicators, second on health risk factors, fourth on natality indicators, sixth on premature mortality, and seventh on communicable disease. Its values were better than the county average on twenty-five of the thirty-one indicators for which a rate could be calculated. The Priest Lake/Antioch area ranked **sixth** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Donelson/Hermitage

The Donelson/Hermitage area ranked third on socio-economic indicators, fourth on health risk factors, third on natality indicators, fourth on premature mortality, and first on communicable disease. Its values were better than the county average on twenty-seven of the thirty-one indicators for which a rate could be calculated. The Donelson/Hermitage area ranked **second** of the fourteen planning districts when its rankings on the individual categories were averaged and compared to the average for the other districts.

Section Seven: Ranking the Planning Districts on Health Status

<p>The fourteen planning districts are ranked for each indicator. Rank #1 is the healthiest or highest socio-economically.</p> <p>A rank in (parentheses) indicates that the persons in the planning district are healthier or higher socio-economically than those in Nashville/Davidson County overall.</p>														
	Joelton	Bellshire/Union Hill	Bordeaux/Whites Creek	Madison/Goodlettsville	East Nashville/Inglewood	Bellevue	Belle Meade/West Meade	North Nashville	Downtown	Forest Hills/Oak Hill	Berry Hill/Woodbine	Tusculum/Crieve Hall	Priest Lake/Antioch	Donelson/Hermitage
Socio-economic indicators (1990 data)														
Population living in poverty	(5)	9	10	(7)	12	(1)	(6)	14	13	(8)	11	(4)	(3)	(2)
Public assistance households	(4)	(8)	11	(7)	13	(1)	(5)	14	9	(6)	12	(2)	(3)	(1)
Female headed households	(2)	10	11	(7)	13	(3)	(5)	14	(1)	(9)	12	(8)	(4)	(6)
Adults with high school degree	9	7	10	8	11	(1)	(6)	14	12	(2)	13	(3)	(4)	(5)
Median household income	(5)	(8)	9	10	11	(1)	(2)	14	13	(3)	12	(7)	(4)	(6)
Health risk factors (1996 survey)														
Health insurance coverage	8	7	13	10	11	(2)	(3)	12	14	9	5	6	(1)	(4)
Report health as good or better	10	12	9	11	8	(1)	(2)	14	13	(7)	(6)	(4)	(5)	(3)
Physical exercise in last 30 days	8	7	12	10	11	(2)	(3)	13	14	9	(5)	(6)	(1)	(4)
High blood pressure	9	11	10	(3)	12	(4)	7	14	13	(5)	(6)	(1)	(2)	8
High cholesterol	10	8	14	9	(3)	(1)	(4)	(5)	13	(2)	11	7	6	12
Always use seat belt	9	10	11	8	12	(1)	(6)	14	13	(3)	(5)	7	(2)	(4)
Current smoker	(3)	13	14	6	8	(1)	(4)	11	7	(5)	12	9	10	(2)
Alcohol use	(3)	9	(1)	(4)	(6)	13	14	(5)	(2)	12	(7)	10	11	(8)
Intoxication	(2)	(3)	(1)	8	(4)	9	11	12	(5)	(6)	(7)	13	14	10
Indicators relating to birth, prenatal care, and infant health (natality) (1996)														
Adolescent birth rate (age 10 - 17)	*	*	(7)	(6)	9	*	(4)	10	*	(1)	8	(2)	(5)	(3)
Teen birth rate (age 10 - 19)	*	(4)	(8)	(7)	11	*	(6)	9	*	(1)	10	(3)	(5)	(2)
Prenatal care began in first trimester	(6)	(7)	11	9	12	(1)	(3)	13	14	(2)	10	8	(4)	(5)
Average prenatal care visits	(2)	(8)	10	(5)	12	(4)	(7)	13	14	(3)	11	9	(6)	(1)
Low birthweight newborn	*	7	9	(5)	10	(1)	8	12	*	(3)	11	(2)	6	(4)
Very low birthweight newborn	(6)	9	11	(7)	10	(1)	(8)	12	14	(5)	13	(4)	(3)	(2)
Infant mortality rate (1990 - 1996 avg.)	*	*	11	(5)	9	6	7	10	*	(3)	8	(2)	(1)	(4)
Premature mortality (1990 - 1996)														
Premature mortality (1996)	(3)	(9)	11	(7)	10	(1)	(8)	13	14	(2)	12	(5)	(6)	(4)
Injury mortality	*	(2)	8	(7)	12	(5)	(4)	11	*	(1)	10	(3)	(6)	9
Cancer mortality	13	7	12	(5)	9	8	(6)	10	*	(1)	11	(2)	(3)	(4)
Heart disease mortality	*	(6)	9	(7)	11	(3)	(4)	12	*	(1)	10	(2)	(5)	(8)
Homicide mortality	*	*	8	(4)	9	*	(6)	10	*	(5)	7	(1)	(3)	(2)

*Rate not calculated due to too few cases.

Section Seven: Ranking the Planning Districts on Health Status

The fourteen planning districts are ranked for each indicator. Rank #1 is the healthiest or highest socio-economically.														
	Joelton	Bellshire/Union Hill	Bordeaux/Whites Creek	Madison/Goodlettsville	East Nashville/Inglewood	Bellevue	Belle Meade/West Meade	North Nashville	Downtown	Forest Hills/Oak Hill	Berry Hill/Woodbine	Tusculum/Crieve Hall	Priest Lake/Antioch	Donelson/Hermitage
A rank in (parentheses) indicates that the persons in the planning district are healthier or higher socio-economically than those in Nashville/Davidson County overall.														
Premature mortality rates (1990 - 1996) continued														
AIDS mortality	*	(7)	9	(6)	10	(1)	(3)	11	*	8	12	(5)	(2)	(4)
Suicide mortality	*	*	*	7	6	*	(4)	*	*	(2)	8	(1)	(5)	(3)
Stroke mortality	*	*	3	(1)	2	*	*	5	*	*	4	*	*	*
Communicable diseases (1996)														
Gastrointestinal Infections	*	6	(1)	(2)	11	5	8	7	*	*	10	(4)	9	(3)
Chlamydia	*	8	10	(3)	11	(1)	(7)	13	12	(6)	9	(4)	(5)	(2)
Gonorrhea	*	(8)	10	(4)	11	(2)	(6)	12	13	(7)	9	(3)	(5)	(1)
Syphilis	*	*	3	*	2	*	*	5	*	(1)	4	*	*	*
Rank on each category of indicators														
Socio-economic indicators	5	8	10	7	11	1	4	12	9	6	11	4	2	3
Health risk factors	6	11	12	9	10	1	3	14	13	5	8	7	2	4
Indicators relating to birth, etc.	5	8	9	7	11	2	6	12	13	1	10	4	4	3
Premature mortality	3	9	11	7	10	1	8	13	14	2	12	5	6	4
Communicable diseases	*	9	6	3	11	2	8	12	13	5	10	4	7	1
Rank overall	4	9	10	7	12	1	8	13	14	3	11	5	6	2

*Rate not calculated due to too few cases.